4	PLACE OF	DEATH		YLAND-	Registration Dist, No. 4	,
/	Village or City Length of reside		alk Falto	(16	No. St., death occurred in a hospital or institution, give its NAME instead of street and n ds. How long in U.S. If of foreign birth? yrs. mo	
2		E William		264 Cen		
	PERSONA	L AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. S	PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE OR DIVORCED (write the word) married white married				21. DATE OF DEATH F. L. (Month) (Day)	, 193 7 (ear)
5a.	If married, widowed HUSBAND of (or) WIFE of	or divoced Malvin A	tkins		1 HEREBY CERTIFY, That I attended of	
6. I	DATE OF BIRTH (m	onth, day, and year)	May	2 1872	I last saw h aire on Fish 4. 1937	
7. /		Months	Oays	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 11:30 Am. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
OCCUPATION	9. Industry or bu work was d SAW MILL, 1Q. Date deceased this occupal	k done, as SPINNER, OOKKEEPER, etcs siness in which ona, as SILK MILL, BANK, etc	11. Total t		Chronic Myrearchti with mitral Valtular regurgitation	mhn
-	BIRTHPLACE (city of (State or countrel) 13. NAME	or town)Virgin			Other Contributory Causes of importance: Angma plates	11-18-3
FATHER	14. BIRTHPLACE (c) (State or co	city or town)	2290		Name of operation Date of What test confirmed diagnosis? Maximal Was there an e	utopsy? 2
MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (c) (State or co	eity or town) ountry)	V.a		23. If death was due to axtarnal causas (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of Injury Where did Injury occur? (Specify city or town, county and State	, 19
17. INFORMANT Curtis Atkins (Address) 264 Central A ve 18. BURIAL PRIMATION, OR REMOVAL Plant Reduce Asslered (A. Date Felly 8, 193)					Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA Mannar of injury	
19.	UNOERTAKER (Address)	10 hu 6	elevich	37	Nature of Injury 24. Was disease or Injury In eny way releted to occupation of deceased? If so, specify (Signed)	no

(Address) Dundalk Md. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		R	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis EB Jan	1 year
		377	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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X	item of infor- should state of OCCUPA-
1	A PERMANENT COARD. Every item of infor- ed EXACTLY. PHYSICIANS should state erly classified. Exact statement of OCCUPA-
R BINDING	ed EXACTL erly classified.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	100.1
County Gallmore	Registration Dist. No.
Village or City Forman	No. St Ward
.7 ~	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Franks to ling	nis
(a) Residence: No. 4/2 (Vrgnua Cu (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 2 (Year)
5a. If married, widowed, or divorces HUSBANO of (or)-WIFE of Motelda Out Charles	22. I HEREBY CERTIFY That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) welcome 1861	t/ast saw h = alive on 2, 1937 death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 6 ' 40 m.
76 70 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca wara as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, Call Building 4 10. Date deceased last worked at 11. Total time (years) this occupation (month and content in this comment in this comment in this comment in this comment in the content in this comment in the comment in the comment in the comment in this comment in the comment in this comment in the comment in this comment in the comment in th	Vara as tollows: Oate of one of the common
VO. Date deceased last worked at this occupation (month and the pent in this occupation compation compatio	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Couses of importance:
13. NAME LOVI'S KNOW	
13. NAME ACON'S Ruccu 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIOEN NAME With Seriou 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Matilda, a. Lugues (Address) 4/3 (Virginia luz, Forosin	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Dete 2 - 5 , 19 37	Manner of injury
19. UNDERTAKER Samuel H. Chase Hory	24. Was disease or injury in any way related to occupation of deceased?
20. NOED 190 4, 137 MI MINE MARKET Registrar.	(Signed) (Address) 2329 Jacob M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N. B. WRITE PL. V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 1336
County Sule 4:	Registration Dist. No. 3
	ND. St., Ward (f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in oity or town where death occurred yrsmo	sds. How long in U.S.If of foraign birth?yrsmosds.
2. FULL NAME (MM) TO NAULOW	
(a) Residence: No. 29 Jan ev are	St., Ward.
(Usukal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3.62x 4. COLOR Of RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Final While OR DIVERCED (Chrise the word)	21. DATE OF DEATH July 16 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decassed from
not olated	I last saw have alive on recentally 1937: death is said
6. DATE OF BIRTH (month, day, and year) 7. Years Months Days If LESS than	to have occurred on the date stated above, at 40 meeting 9 0007.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8. Trade, profassion, or particular	were a follows:
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	The area many
Solution of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaased last workad at this occupation (month and	from Cosonary throng-
10. Date decaased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Balls, Co. Comp. (State or country)	Other Contributary Causes of importance Leon
1 6 1 1 6 0 1	and the
13. NAME (Javala Dava) 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation No Date of Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MAN JULIAN MUSE 16. BIRTHPLACE (city or town) Management of the company of the	23. If death was dua to external causes (VIOL ENCE) fill in also tha following: Accident, suicida, or homicide?
State or country)	Where did injury occur?
17. INFORMANT Mrs. Marg and Colors (Addrass) 29 mills and age. Processes	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Dised Padge Cerripate Fel 17 , 193/	- Natura of injury
19. UNDERTAKER Therey Thech Sens Sens	24. Was disease or Injury in any way related to occupation of deceased? 26
(Addiess) 301 % Eugle	If so, specify
20. FILED LOT. 18 , 1934 6 6 1 Whole Registrar.	(Signed) M. D. (Address) What wells M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonilis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 wear

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS BY	PHYSICIAN
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STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH
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1357

/1	. PLACE OI	F DEATH					
	County_Ba	altimo	re			Registration Dist. No. 3	2
	Village or C	ity Maun	t Wil	son		No Tuberculosis Sanatorium,	Ward
	Length of resid	dence in city o	r town where	death occurred	yrs. 10mos	death occurred in a hospital or institution, give its NAME instead of street and n	umber) sds.
2	. FULL NA	ME Vel	ma Ba	xter		If U. S. Veteran, specify WAR 21 o Re	2
	(a) Residen	ce: No.181	O Pop		re Street	st, Ward. Baltimore, Maryland	
	PERSON	AL AND	CTATICT	(Usual place		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3.	SEX	4. COLOR O			RIED, WIDOWED,	21. DATE OF DEATH	
F	emale	Whit		Single	(write the word)	February 16th.	193 7 .
5a.	If married, widow HUSBAND of	ed, or divorcad					(Year)
	(or) WIFE of		Sin	gle.		22. HEREBY CERTIFY. Thet eltended of April 1st. 1935 to February 16	the 37
6.	DATE OF BIRTH (month, day, an	d vear) No	ovember	5 1917.	Hast sawh er alive on February 16th. 1937.	
	AGE Yea		Months	Days	If LESS than	to have occurred on the date stated above, at 4 . 42P .m.	
	19		3	11	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importanca wera as follows:	Date of onset
Z	8. Trede, profes	ork done, as S	SPINNER. S	chool gi	ir].	D. J. an one Mahamanlagia	
OCCUPATION	9. industry or 1	business In wh	ich	011001 5		Pulmonary Tuberculosis	March 1935
CUP	SAW MIL	dona, as SILK L, BANK, etc					
00	10. Date decease	ed last worked pation (month a	*** 935.	11. Totai ti span	me (yeers)n - it in the nown.		
-						Other Contributory Causes of importance:	
12.	BIRTHPLACE (cil (Stata or cour	y or town)= itry)	al till	ore, Mai	yland.	None	
ER.	13. NAME Wi	lliam	Baxte	r			
FATHER	14. BIRTHPLACE (State or	(city or town)	Balti	more,Md		Name of operation No operation Date of	No
2	15. MAIDEN NAI		Bauer			What test confirmed diagnosis? X-ray, and was there and tubercle bacilli were found in 23. If death wes due to external causes (VIOLENCE) fill in also the following:	Sputt
16. BIRTHPLACE (city or town) Baltimore, Md.						Accidant, suicide, or homicida? Date of injury	
-	— (State of Country)					Where did injury occur? (Specify city or town, county and State)
17.	17. INFORMANT LOUIS Schuerholz (Addrass) Mount Wilson, Md.					Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	IGE.
18,	18. BURIAL, CREMATION, OR REMOVAL					Manner of injury	
	Place	un un	me	Date	20 51937	Natura of injury	
19.	UNDERTAKER	WE	Coo	500		24. Was disease or injury in any way related to occupation of deceased?	No.
-	(Address)	12	7 3	8 Tack	4	If so, specify	
20.	20. FILED FL 17 , 1937 6 puchos					(Signed) Mount Wilson Maryla	м. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Stylet, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of chilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
					A .	× 193>
						6 2

N. B.--

5	WRITE INLY, WITH UNFADING INKTHIS IS A PERMAN REC	Every Item of information should be carefully supplied. ACE should be stated ECIANS should state CAUSE CF DEATH in plain terms so that it may be properly statement of OCCUPATION is very important. See instructions on back of certifications of the statement of OCCUPATION is very important.
		stat prop
MAKGIN KESEKVED FOR BINDING	AN	i be
	RM	oul ma n b
מ	PE	t it
2	A S	ACE tha
Ĭ.	S 18	s so
T	THI	oplie erma
2	X-	sur in te
T S	Z	ully pla nt.
r	NG	aref in orta
5	AD	AT!
Y	N.	ory
Σ	H.	S v si
	TI	NO S
	Y	ATI
	IN	forn tate
		t po
	三三	hou t
	/RIJ	S s
	5	IAN
		M O O

PLACE OF DEATH County Republic	STATE OF A CERTIFICATE Beginteration I	
Village or City Waylend (No. 2FULL NAME Boly Boschut	St.: Ward)	Of death convered in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)	8 , 1937 (Year)
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That I att	ended the deceased from
(Month) (Day) (Year)	that I last saw halive on	
7 AGE If LESS than day hrs.	and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 22 23 24 25 26 27 27 28 29 20 20 20 20 20 20 20 20 20	(Signed)	or, in deaths from jury and (2) Whether
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Back	Accidental, Suicidal of Homicidal. 18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents) At place of deathyrs	eyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	
(Informant)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 Filed 192	20 UNDERTAKER	ADDRESS

If more blanks are needed, addre. a Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. did not issue burned fermit

(Approved by U. S. Census and American Public Health Association.)

state; occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealcases, especially in industrial employments, it is neces-Physician, Compositor, Architect, household only (not paid Housekeepers who receive a (a) Foreman, r," etc., report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Salesman, Locomotive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; Never report mere symptoms or terminal condi or intercurrent) affection need Chronic valvular heart disease; etc. The contributory Nomenclature of the not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

See instructions on back of certificate.

TION is very important.

CAUSE

-WRITE PL.

should state

1359

1. PLACE OF DEATH	<u> </u>	
County Balts	Registration Dist. No. 42	,
Village or City Landdowne	No. 257 Clylle armst., death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Musette May Boun	do If U. S. Veteran, specify WAR Ho Record	2
(a) Residence: No. 257 Clyde ave (Usual place of abode)	St., Ward. If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX. 4. COLOR OR RACE 5. SINGLE; MARRIED, WIDOWED, OR DOURCED (write the word)	21. DATE OF DEATH (Month) (Oay)	3 Z
5a. If married, widowed, or divorced		(1001)
for WIFE of Thomas T. Bounds	22. I HEREBY CERTIFY, That I attended dece	eased from
6. DATE OF BIRTH (month, day, and year) May 102 /876	I last saw h - alive on Jeh = 1937; de	eath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.05 A s.m.	
6/8/24/1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	nte of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Horror wife. SAWYER, BOOKKEPER, etc.	Destres medition 5	2
9. Industry or business in which	Millelius -	ena year
work was done, as SILK MILL, Cet House		
10. Oata deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
Howard C.	Other Contributory Causes of Importance:	a face
12. BIRTHPLACE (city or town) (State or country)	The state of the s	
13. NAME Toku R. Young		
14. BIRTHPLACE (city or town) Howard &	Name of operation Date of	~
(State of Country)	What test confirmed diagnosis? Was there an autop	psy?
15. MAIDEN NAME Jarah J. Johnson	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Howard C	Accident, suicide, or homicide? Date of injury	., 19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Sealer & Rigman (Address) 29 - 45 dvr. Landdown	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OF DEMOVAL OSTE TO 5 1937	Manner of Injury	
19. UNDERTAKER WM Goods	24. Was disease or injury in any way related to occupation of deceased?	6
(Address) 1217 St Foul St	If so, specify 9	
20. FILEO Jofy 19.37 See f Registrar.	(Signed) / Eden V. Leyler (Address) Midran Strice Rety - Bree	M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1987	July 5,1927	Peritonitis	3 days ago	
		N.			
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				-	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA-CORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. AUSE OF DEATH in plain terms, so that it may be flon is very important. N. B.-WRITE PLAINLY,

V. S. No. 1

STATE OF WARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1000
County Salture.	Registration Dist. No. 3/
Village or City Oring Mulls	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME harlestrances brod	If U. S. Veteran, specify WAR
(a) Residence: No. Unrung Mulls (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winde the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(131)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Thu 1822	193/, to fat 13, 193/
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS then	I lest saw h seem alive on Tasks 1931; death is said to have occurred on the date steted above, and 30 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Date of onset
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed lest worked et this occupation (month and	James de se
9. Industry or business in which work was done, as SILK MILL,	() neouatorius
SAW MILL, BANK, etc.	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) was followed to the country)	
13. NAME of the 2 Grady 14. BIRTHPLACE (city or town) Crocking mills (State or country)	
4 14. BIRTHPLACE (city or town) Concerns (State or couptry)	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME OF A. Walsh 16. BIRTHPLACE (city or town) Resolution (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Q-D & 12	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Thu (Address) Owings mills of Who	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tex 14 , 19.37	Neture of injury
19 UNDERTAKER John Sa Diedy Father	24. Was disease or Injury in any way related to occupation of deceased? As
(Address) And mills	If so, specify
20, FILED Feb 13, 1937 Wm & martin	(Signed) Ving E. Martin M. D.
Registrar.	(Address Care alkary, My

STATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 weck ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
	Pelatat V.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. stated EXACTLY. PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. BINDING TION is very important. See instructions on back of certificate. FOR UNFADING INK-THIS IS A MARGIN RESERVED should be carefully supplied. AGE should be WRITE PLAINLY, mation V. S. No. 1

County Village or City Village or City Village or City No. Langth of reidence in city or town where death occurrent. Sept. And Described in a horpital for institution, give in NAME instead of street and number. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SHAMEER, MARKEIR, OFFICE OF	SIAIE 1. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH 1361
Village or City Length of residence in city or town where death occurred. The second is a horpis for insistation, give is NAME instead of steet and number) Length of residence in city or town where death occurred. The second of the composition of the city of towns and State and number) 2. FULL NAME (a) Residence: ND. (b) Clustiplace of shock? PERSONAL AND STATISTICAL PARTICULARS S. I. Ward. (b) Ill monercident give city or towns and State PERSONAL AND STATISTICAL PARTICULARS 3. STATE of COLOR OR RACE S-SAMBLE, MARKEED, WHON'TE OB SHOWCAS (country) (b) JUNE SOURCE COLOR OR RACE S-SAMBLE, MARKEED, WHON'TE OB SHOWCAS (country)		Balto	Registration Diet No.
Langth of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (b) (Unail-place of abode) St., Ward. If U. S. Veleran, specify WAR Record (B) (Unail-place of abode) St., Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3.5XX 4. COLOR OR RACE SEAWHER, MARKE, WHOWERS OR DIVORCES (wint the word) A DATE OF BIRTH (month, day, and year) A DATE OF BIRTH (month and year) A DATE OF BIRTH (month, day, and year) A DATE OF BIRTH (month, d	Fl.	ge miere	No. Sayder ar St., War
(a) Residence: No. (b) St., Ward. (c) It nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S-SAMBLE MARKED, Wrowberd (Wonth) (Wonth) (Day) (Wonth) (Day) (Wonth) (Day) (Wonth) (Day) (Wonth) (Day) (Year J. DATE OF DEATH 2. DATE OF DEATH 3. DATE OF DEATH 3. SEX 4. COLOR OR RACE S-SAMBLE MARKED, Wrowberd (Wonth) (Day) (Wonth) (Day) (Wonth) (Day) (Year 2. HER EBY CERTIFY, That I attended decessed 19. 37. Lo. 19. 37. death is to have docume at stated above, at: 1. Sax wh. L. Date of other and stated above, at: 2. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: (Shall or country) 2. Sax Mill. Bank, etc. (Shall or country) 2. Sax Malden Name (Shall or country) 3. Sax Malden Name (Shall or country) 3. Sax Malden Name (Shall or country) 3. Sax Malden Name (Shall or country) 4. Sax Malden Name (Shall or country) 5. Manuer of injury (Shall or country) 5. Date of injury Name of operation. Society city or town, country and State) Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Society city or town, country a	Length of residence in city or town whe		
3. SEX 4. COLOR OR RACE SS-SHWEKE, MARRIED, WIDOWARD Country the word) Country Countr	C. FOLL NAME	ydar ava	St., Ward. Egraun
## SANDER NOTES Continued	PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	Male White	OR DIVORCED (write the word)	Vil 27 1937
TAGE Years Months Days If LESS than 1 day,		Brown 2 1886	22. HEREBY CERTIFY. That I attended deceased from 1937, to 122, 22, 193
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWHER, BODKKEPER, etc. 10. Date deceased last worked at 12/2/11. Industry or business in which work was done, as SILK MILL, SAWHILL, BARK, etc. 11. Date deceased last worked at 12/2/11. Industry or business in which work was done, as SILK MILL, SAWHILL, BARK, etc. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (State or country) 18. BURIAL, CREMATION, DREMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 20. FILED 21. STATE OF ORDINARY AND COUNTRY IN ADMINISTRY, in HOME, or in PUBLIC PLACE. (Signed) 22. Signed 23. Was disease or injury in any way related to occupation of deceased? 11. So, specify (Signed) 24. Was disease or injury in any way related to occupation of deceased? 11. So, specify (Signed)			
Skind of work done, es SPINNER, SAWYER, BORKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 3 1 1	30 1 3		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Dthar Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION DR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. Maiden Name 26. Barthplace (State or country) 16. BIRTHPLACE (city or town) (State or country) 21. Informant (Address) 22. BIRTHPLACE (city or town) What test confirmed diagnosis? Was there an eutopsy? 23. If death was due to external causas (VIOLENCE) fill in also tha following: Accident, sulcide, or homicide? Date of Injury Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury (Signed) 24. Was disease or injury in any way related to occupation of deceased? It so, specify (Signed) 25. BIRTHPLACE (Signed) 16. BIRTHPLACE (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION DR REMOVAL Place 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? It so, specify (Signed) (Signed)	kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc	Vailor	Jague 25 AM
Description occupation Description Descrip	work was dona, as SILK MILL, SAW MILL, BANK, etc	Saff	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION DR REMOVAL Place 19. UNDERTAKER (Addless) 20. FILED 21. INFORMANT (Address) 22. FILED 23. If death was due to external causas (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? 24. Was disease or injury Nature of injury Nature of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 15. Specify (Signed) 24. Was disease or injury in any way related to occupation of deceased? 15. Specify (Signed)	- time cood patient (month and	spent in this 3/	
What test confirmed diagnosis? Was there an eutopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION DR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED 10. MAIDEN NAME 22. If death was due to external causas (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? Date of Injury, 19. Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? It so, specify (Signes)		ulto md	Dinar Couribatory Causes of Importance;
What test confirmed diagnosis? Was there an eutopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION DR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED 10. MAIDEN NAME 22. If death was due to external causas (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? Date of Injury, 19. Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? It so, specify (Signes)	13. NAME Chas. F. B	sown	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION DR REMOVAL Place 19. UNDERTAKER (Addless) 20. FILED 15. MAIDEN NAME 22. If death was due to external causas (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? Date of Injury. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? If so, specify. (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed)	14. BIRTHPLACE (city or town) (State or country)	Bulto gud	
(Specify city or town, county and State) 17. INFDRMANT (Address) 18. BURIAL, CREMATION DR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED 19. The Cook (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signature of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signature of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signature of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signature of injury occurred in INDUSTRY, in HOME, or injury occu	15. MAIDEN NAME CZCILL	a Walry	
17. INFORMANT (Address) 18. BURIAL, CREMATION DR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed)	16. BIRTHPLACE (city or town) (State or country)	Balto	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
Place Balto Saus Date 4:835, 19.37 Nature of injury 19. UNDERTAKER (Addaess) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed Dans) 6 Dansed (Signed Dansed		Brown	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER (Addgess) 24. Was disease or injury in any way related to occupation of deceased? It so, specify (Signed) (Signed)	12 - 04- (2	. Date Feb 25 19 3	7
20. FILED 7 1971 7. 19		of Paul of	24. Was disease or injury in any way related to occupation of deceased?
Registrar. (Address) Stansas Stans	20. FILED Feb 24 , 1937 4.	Mornier m.	(Signed Sump & Clared M. (Address) Spanns Point

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

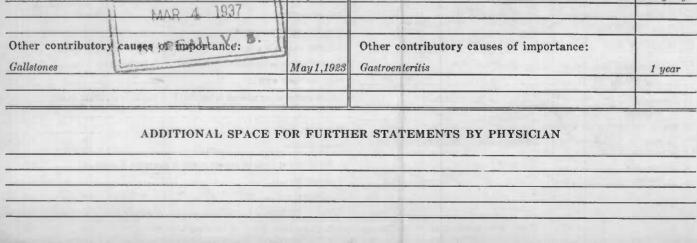
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Example II	
es Date of onset	
1 week ago	
1 week ago	
3 days ago	
1 year	



TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND-	-CERTIFICAT	E	OF	DEATH

1	9	10	4 3	
1	3	U	1	

Village or City. Village or City. Village or City. No. No. No. No. No. No. No. N	1. PLACE OF DEATH		(111/18)	2.
Ciff death occurred in a horpisto for institution, give in NAME instead of street and number) 2. FULL NAME (a) Residence: No. (Uval place of abody) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED OR DVORCED (was the good) 5. If married, widowed, or divorced HUSARID of (Co.) Will of the good o	County Salary	012	Registration	Dist. No.
Length of residence in cityfor town where death occurred with the state of the stat	Village or City Washe	ico		
2. FULL NAME ((a) Residence: No. ((Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	Length of residence in situate tells where d			
(a) Residence: No. (Usual piece of shocks) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORED (with the word) 6. DATE OF BIRTH (month), day, and year) 7. AGE Years Months Days If LESS than 1 day. hrs. hrs. hrs. hrs. hrs. hrs. hrs. hrs	1. (0. 1 D		grsamosas.
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So. If married, widowed, or divorced HUSBAND of (Cor) WiFe of 122. IHEREBY CERTIFY. That I attended deceased from HUSBAND or 1936 to 1925 to 1926 to 1				
55. If married, wildowed, or divorced HUSBAID and HUSB	mur	OR DIVORCED (write the word)	tet.	28 , 1937
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	5a. If married, widowed, or divorced	July 4	(Month)	(Day) (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	HUSBAND of (or) WIFE of		22. I HEREBY CERTIF	Y. That I attended deceased from
TAGE Years Months Days II LESS than 1 day, hrs. or min. Recomplete Part	N	- 4		Feb 28 , 1937
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were est follows: Say Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKEFER, atc.		N 24-1869	1 last saw h an aliva on Test 2	1937; death is said
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc. 3. Industry or business in which work was done, as SIKK MILL. 3. Industry or business in which work was done, as SIKK MILL. 3. Industry or business in which work was done, as SIKK MILL. 3. Industry or business in which work was done, as SIKK MILL. 3. Industry or business in which work was done, as SIKK MILL. 3. Industry or business in which work was done, as SIKK MILL. 3. Industry or business in which work was done, as SIKK MILL. 4. BIRTHPLACE (city or town) (State or country) 5. Mainer of injury 6. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 4. Was disease or injury in any way related to occupation of deceased? 6. If so, specify 6. Signest Left U.S. 6. Signest U.S. 6. Signest U.S. 7. Signest U.S. 7. Signest U.S. 7. Signest U.S. 7. Signest U.S. 8. Signest U.S.	7. AGE Years Months			
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(State or country) 13. NAME			Other Contributory Causes of importance:	
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What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, 619 REMOVAL Place Data 2 , 1927 19. UNDERTAKER (Address) 20. FILED 2 28 , 1937 (6. 60 Frost M. M. D. What test confirmed diagnosis? Was there an autopsy? 23. If death was dua to external causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury	II. WANTE	uenes		1
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Place of injury 19. UNDERTAKER Club Clater (Address) 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed Clater Company of the M.D.	18. BURIAL, CREMATION, OR REMOVAL	0 0	Manner of injury	
19. UNDERTAKER Always (Address) 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed Expert 6 - M. D.	Place & Puels	Data 3 7 1937		
20. FILED 2-28, 1937 6. 6 Fourth M. D. (Signed Expert & Fourth M. D.	9/well	leter		
20. FILED 2-28, 1937 C. E. Frish m. D. (Signed Cefril & Towfle M. D.		it I mid		0.0
20. FILED	2 28 27/1	87 21 m 1-	1 1/2 11 10 -10	owfle MD
	20. FILED	Registrar.	(Address) Defeliered	- mol

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

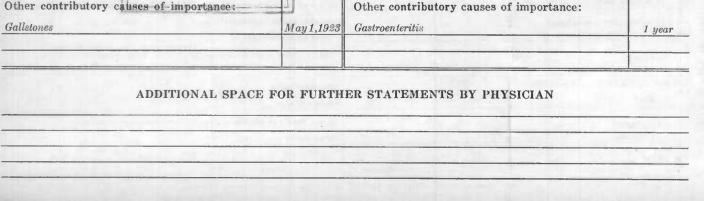
- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "lechanical but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and whomsale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example 1	ii	Example 11		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 6 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	



LION

should state of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	363
1. PLACE OF DEATH	20	1
County Balfimore	Registration Dist. No.	3
Village or City Acialisa lawn and	No. Mt. Cleas aut Sanatoring.	Ward
(1	f death occurred in a horpital or institution, give its NAME instead of street and nist. ds. How long In U.S. if of foreign birth?	umber)
2. FULL NAME Jerry Burkoff	nud St., Ward. If nonresident give city or town and S	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (2011te the word) Sungle	21. DATE OF DEATH February (Month) (Dey)	193 7
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY. Thet I attended d July 15 ,19 35, to Folimary 17	(Yeer) deceesed from
6. DATE OF BIRTH (month, dey, end year) June 9, 1899	Olest set home elive on February 17 4937	; deeth is said
7. AGE Years Months Deys If LESS then 1 dey,hrs.	to heve occurred on the dete steted above, at 2.45 Pm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Chrome Pulmonery Tularenbeis	Date of onset
work was done, as SILK MILL, SAW MILL, BANK, etc. U 1D. Dete deceased last worked at		
10. Dete decessed last worked et this occupation (month end 19.33) 11. Total time (yeers) spent in this occupation 14yrs.		
12. BIRTHPLACE (city or town) Poland (State or country)	Other Contributory Causes of importence: Cardiac Hyperthopphy & Delatation	3 day
13. NAME Harry Burkoff-		
14. BIRTHPLACE (city or town) Polarid	Neme of operation Dete of	
15. MAIDEN NAME Pose Mary Hodes.	Whet test confirmed diegnosis? Was there en au	
16. BIRTHPLACE (city or town) Poland . (Stete or country)	23. If deeth wes due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Dete of Injury Where did injury occur?	
17. INFORMANT To putal (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE	CE.
18. BURIAL, CREMATION, OR REMOVAL Places School Sch	Menner of Injury	
19. UNDERTAKER JOSEPH CHARLES JOSEPH CADDRESS JUST SEE CONTROL OF THE CONTROL OF	24. Wes disease or injury in any wey related to occupation of deceased?	no.
20. FILED 7 16 19 , 1937 ARun & True	(Signed) Sheedow Caaper	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis MAR 5 1937	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	ICIAN	
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TION ignery important. See instructions on back of certificate.

County Dachmone.		10%	2 -
Village or City Stanleigh	(II	Registration Dist, No	Wa
Length of residence In city or town where death occurred	yrs,mos		
2. FULL NAME Stelena fr	anks	Canedy	
(a) Residence: No. 7/10 of ford	Road.	St., Ward.	
	ce of abode)	If nonresident give city or town and S	state
PERSONAL AND STATISTICAL PART SEX 4. COLOR OR RACE 5. SINGLE. MA	RRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	
Lemale white Wish	ED (write the word)	(Month) (Day)	193 7 (Year)
a. If married, widowed, or divorced HUSBAND of	10	22. I HEREY CERTIFY, That I attended in	
(or) WIFE of Rev. Charles Tohes Ca	nedy DD.	The 7th 1932 to Fel. 84	toosed from
DATE OF BIRTH (month, day, end year) 5/3/18 8	3	I last sew h er alive on Feb 14th 1937	death is sa
AGE Years Months Days	If LESS than	to heve occurred on the date stated abova, atm.	
83 9 11	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, profession, or particular	1	4 ()	Date of ons
kind of work dona, as SPHNER, Houseway	le :	Brenchal Grenn	2/7/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		***************************************	, ,
10. Data deceased last worked at 11. Total	time (yaars)	-	
Sp	ent in this cupation		
2. BIRTHPLACE (city or town) New York.		Other Contributory Causes of importance:	
(State or country)			
13. NAME Edward Mr. Jans	Cel		
13. NAME Edward // Jaan 14. BIRTHPLACE (city or town) The your	R.	Name of oparation Data of	
(Stata or country)		What tast confirmed diagnosis? Was thara an au	topsy?
15. MAIDEN NAME Canclia Wa 16. BIRTHPLACE (city or town) Han The	odruff	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	,	Accident, suicide, or homicide? Date of injury	, 19
(Stata or country)).	Where did injury occur?	
7. INFORMANT No Caned (Address) 1/10 affail R	of de	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAC	E.
8. BURIAL CREMATION OR REMOVAL WOODLAWN	Cemetrey,	Manner of injury	
Place Date d//	67.2.4,19	Nature of injury	
9. UNDERTAKER JASON Y JASON Y JASON Y JASON JANON JASON JASON JASON JASON JASON JANON JASON JASON JANON JANON JANON JASON JANON JANON JANON JANON JANON JANON JANON JANON JANO	1	24. Was disease or injury in any way related to occupation of deceased?	/
1 51150 2/15 10 3T // AWAIN	battom	(Signed) Vernon & Gallon	/_ M

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
A SUL					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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V S No. 1

	1	100;)
	PLACE OF DEATH	STATE OF MARYLAND
	County Baltunore	CERTIFICATE OF DEATH
	7-1-0-0-1-71 MBPT -0-0-71 - 17-0-1-7-1-0-1 -0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-	19
	100 11	Registration Dist. No.
Vil	lage or City Towson (No. 409 Al	leghtangthe St: Ward) a hospital or institu
		All I I I I I I I I I I I I I I I I I I
	2 FULL NAME Minnie Handl	stead of street and number.)
_	100000000000000000000000000000000000000	1
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	EX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
T	MARRIED, Widowed. Widowed	February 3 , 1937
/	emale While OR DIVORCED (Write the word)	(Month) (Day) (Year)
8 0	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the daceased from
	19ct de 24 1876	Jan 27 1927. 60 Febr 3 1927
	000000000000000000000000000000000000000	0. 0/20/- 2
	(Month) (Day) (Year)	that I last saw he alive on 193.7
7 A	If LESS than	and that death occurred on the date stated above, atn
	60 mg 3 mg 14 dayhrs.	The CAUSE OF DEATH * was as follows:
-	min.?	
(1	a) Trade, profession or	Lover I neumonia
20	articular kind of work 1 (1)	
	o) General nature of industry usiness, or establishment in	***************************************
	hich employed or (employer)	(Durstion) yrs. mos. de
9 E	IRTHPLACE	Contributory
	(State or country) Maryland.	
	10 NAME OF	(Duration) yrs mos ds
	FATHER Kichary J. Handly	(Signed) M. D
S	11 BIRTHPLACE	tel 3 1927 (Address) Towson, mo
Ž	OF FATHER MIAAAAA	*State the Disease Causing Death, or, In deaths from
ш	(State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal of Homicidal.
A R	OF MOTHER Minnie E. Roman	13 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Trans
٥	13 BIRTHPLACE	ients or Recent Rasidents)
-1	OF MOTHER MA	At place In the of death vrs. mos. ds. State vrs. mos. ds.
	(State or Country) // Way lund	of deathyrsds. Stateyrsds Where was disease contracted,
4	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
	m & 1:11/1/13-10/2:12	Former or usual residence
	(Informant)///D, aut / / / Odle/sesses	
	(Address) 409 all Leany Cull	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	(Address)	mrully Balloma fall / 18/
15	- 1/2 87 VIII Duist Van Harr	20 UNDERTAKER ADDRESS /
	Siled / / / The sile of the si	
	Filed Registra	Dewanthumo () 108 Wmml
	Sputy A Fine Registras	New Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write Nonc. tired 6 state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planler, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. (a) Foreman, ," etc., For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The materic. Salcsman. (6) Grocery;

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Sinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

(Recommendations on statement of cause of death American Medical Association.) telanus) may be stated under the head of "contributory." approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," st.ted unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. The contributory valvular heart disease; Nomenclature of the Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 8

STATE	OF	MARYL	AND-	-CERTI	FICA	TE	OF	DEAT	F

1. PLACE	DE DEATH	7	
County	Daller	roll	Registration Dist. No. 30
Village or	City Tra	us Ma	No. St., Ward
Length of re	esidence in city or town where		If death occurred in a horpital or institution, give its NAME instead of street and number) S
2. FULL N	Q 1.	19,00	Mrsy .
		www.	
(a) Reside	ence: No.	(Vsual place of abode)	St. A control. If nonresident give city or town and State
PERSO	NAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
a. If married, wide HUSBAND of	owed, or divorced		(month) - (bas)
(or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRT	1 / Ab	Fol-13 192	, 19, to, 19, 19, death is sa
	(month, day, and year) ears Months	Days I If LESS then	to have occurred on the date stated above, atm.
	72 19	7 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, pro	fession, or particular	ormin.	were as follows:
kind of SAWYE	work done, as SPINNER, R, BOOKKEEPER, etc.	none,	11.00 -17 1011
9. Industry of	business in which vas done, as SILK MILL, IILL, BANK, etc		g mis
1D. Date dece	ased last worked at	11. Total time (years) spent In this	
	cupation (month and	spent in this occupation	
2. BIRTHPLACE (city or town)	7,0	Other Contributory Causes of importance:
(State or co		us. Med	
13. NAME	munt 1	Carry	
13. NAME	CE (city or town)	1	Name of operation Date of
(State	or country) Mu	2	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN N	AME Carret	Felly	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLAC	CE (city or town)	0 %	Accident, suicide, or homicide? Date of injury, 19
(State	or country)	rag	Where did injury occur?
7. INFDRMANT _ (Address)	rement of	away)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL, CREMI	THON, OR REMOVAL	1 partel-13.3	Manner of injury
riace Con.	0/10//	· January . 10	Nature of Injury
9. UNDERTAKER (Address)	the Hagen	City ond	24. Was disease or injury in any way related to eccupation of deceased? 24.
O. FILED	. 2 19	Paledrean	(Signed) A: A lange M.
1	0 3)	Registrar.	(Address) The live to the

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
Chronic interstitud nephritts 7 7 1027	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
1			0		
Dr. Generalisans		-ovrov	5 1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Pint of medle thought down

1# 40%

CTATE	OF	MADVI	AND	CERTIFI	CATE	OF	DEATH
SIAIL	OF	MARYL	ANU	CERIIFI	CALL	OF	DEALE

- 4	5	13	100
	.1	(3)	1
	0	0	

1. PLACE OF DEATH	(97)
County Caltinore	Registration Dist. No. 30
Village or City Leveland	NoSt.,Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?mosds.
0 0 0 00	If U.S. Veteran specify WAR.
2. FULL NAME Calum 9. Cheetha	W-11
(a) Residence: No. New (Usus place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write tha word)	21. DATE OF DEATH
male Calored married	(Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Charlatte Cheetham	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and yeer) Mac. 4, 1865	i last saw h. elive on 4 4 19 37 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et . S. G. m.
7/ 11 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of one et
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	A
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	(brlesso - Selvous
10. Date dacaased last worked at 11, Total time (years)	
this occupation (month end spant in this occupation occupation	Dita Card and Card and Card
12. BIRTHPLACE (city or town) Ocosperedos County	Dther Cantributary Causes of importance:
(State or country)	
13. NAME Commend Cheetham 14. BIRTHPLACE (city or town). Rock rudge County	
14. BIRTHPLACE (city or town) A took ridge County	Name of operation Dete of
(State of country)	What tast confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Elizabetta Redding 16. BIRTHPLACE (city or town) - Rockridge Country	23. If death was due to externel causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) - Rockedge Country)	Accident, suicide, or homicide?
00. 00 1 1 -04	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
17. INFORMANT Mus Callery Stellland	opening mount injury securited in interestric, in nemer, or in reality reads.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I dulles - Therefore Date of ets, 78, 1927	Nature of injury
19. UNDERTAKER Wm. C. Brooks & Sm	24. Was disaesa or injury in any way ralated to occupation of deceased?
(Addiass) Sparles and	If so, spacify
20. FILEO Let 25th, 1937 M. Barting mg.	(Signed) Makeur Dorhum M. D.
Registrar.	(Addrass) While Pale land.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	16161
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	w w	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastr enteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

FHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

properly classified.

UNFADING INK-THIS IS A PERMANENT

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.-WRITE PLAINLY, WITH

MARGIN RESERVED FOR BINDING

KECORD. Every item of infor-

	1. PLACE OF DEATH	- W-a	
	County Balto	Registration Dist. No. 31	
	Village or City Roudollow	No. Librity Craf St,	Ward
	Length of residence in city or town where death occurred 7.2 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and nu-	
1	2. FULL NAME Sophia Ti Clage	If U. S. Veteran, specify WAR Theme	
	(a) Residence: No Canallistonia Will (Usual place of abode)	St., Ward. If nonresident give city or town and St.	tate
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day)	193 / (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cayget	22. I HEREBY CERTIFY, That I attended de John January 1937, to January 1937;	., 1952 /
certificate.	6. DATE OF BIRTH (month, day, end yeer) An - 18- 1865 7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the dete stated above, at. 6. Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	geath is said
of cert	8. Trade, profession, or particular kind of work done, es SPINNER, / Foresework SAWYER, BOOKKEEPER, etc.		Pals of onset
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
s on	O 10 Date decessed last worked at this occupation (month and year)		
instructions	12. BIRTHPLACE (city or town) Salhumi lamby.) Mod . (State or country)	Other Contributory Canses of Importance:	5 clay
nstr	W 13. NAME Wathie Stohman		
See i	14. BIRTHPLACE (city or town) - Germany	Name of operation Date of	
	(State of country)	What test confirmed diagnosis? Was there an au	
important	15. MAIDEN NAME unknown 16. BIRTHPLACE (city or town), Sermany (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?	, 19
	17. INFORMANT fair () ageth (Address) Panellestator, med	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAC	DE.
N is very	Place June Hugs - Date Mars 1, 1937	Menner of Injury	
TION	19. UNDERTAKERT will Heurell (Address) Schemiele Ind.	24. Wes disease or Injury In eny wey related to occupation of deceased?	no
)	20. FILED Feb 28, 1937 Wm & Martin Registrar.	(Signed) Q C Sund (Address) 4 2 0 9 8 harly 1+3	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second views			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFI	CATE	OF	DEATH
---------------------------	------	----	-------

1	3	6	f	1	
1	U	U	2	7	

1. PLACE OF DEATH	980
County Balte	Registration Dist. No.
Village or City Owings Mills	No. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
$\alpha n + \alpha$	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME albut D. Claney	If U. S. Veteran, specify WAR
(a) Residence: No. Jumps Mells	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	feet 19 1937
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Olive bell Planell	22. I HEREBY CERTIFY That I ettended deceased from
elizar on carrey	gan 10 37 10 Jul 19 , 1937
6. DATE OF BIRTH (month, day, end year) Fib 20 1856	lest saw have elive on 14 14 15 16 deeth is seid
7. AGE Years Months Deys If LESS then	to have occurred on the date steted above, et
8/ // 1/3-0. 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were as follows:
8. Trade, profession, or perticular kind of work done as SPINNER	f
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	myscarding-Chrome
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceesed last worked et 11. Totel time (yeers)	
this occupation (month and spent in this occupation	(.
12. BIRTHPLACE (city or town) . O. Bais.	Other Contributory Couses of importance:
(State or country)	Augustina astronologica
13. NAME John Claney	desease of Processions to will
13. NAME John Claney 14. BIRTHPLACE (city or town)	Name of operation. Date of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Charlotte Hallis	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) uma.	Where did injury occur?
17. INFORMANT Charlotte Lumbic	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Owny Mells Md	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Claurice Cerm Date Let. 12, 1931	Neture of Injury
19. UNDERTAKER 1. F. Clini & Sons	24. Wes disease or injury in any wey related to occupation of deceesed?
(Address) Rustistour Md	If so, specify
20. FILED 7 1/ 20 1937 ES auchas	(Signed) M. D.
Registrar.	(Address) les les from mo
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	n fin	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis MAD 9, 1997	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SUBEAU V. O.	1		
Other contributory causes of importance:		Other contributory causes of importance:	Ewe Ten
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

FATHER

MOTHER

13. NAME

17. INFORMANT (Address)

19. UNDERTAKER

(Address)

should state

1. PLACE OF DEA County Balt: Village or City A	TH Lmore Mt. Wilson	1	(If	Registration Dist. No. 32 No. Tuberculosis Sanatoriumst., death occurred in a horpital or institution, give its NAME instead of street and 14 ds. How long in U.S. if of foreign blrth? yrs.	
2. FULL NAME (a) Residence: No.	Mrs. Cler	na Cli	ine	If U. S. Veteran, specify WAR	
3. SEX 4. COL	or or race 5. White	SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH February 2nd, (Month) (Dey)	, 193 ⁷ • (Yeer)
5a. If merried, widowed, or div HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, da	James Cl		n, 1886	22. I HEREBY CERTIFY, That I ettandad Jan. 19th, 1936, to Feb. 2nd, 1957	, 1937
7. AGE Years 50	Months 2	Deys 15	1 dey,hrs.	to heve occurred on the deta stated above, et 05A · m. The PRINCIPAL CAUSE OF DEATH end reletad ceuses of importence were as follows:	Date of onset
9. Industry or business work wes dona, as SAW MILL, BANK, 10. Data daceased last we this occupation (my	es SPINNER, HOLEPER, etc		tima (years Un — ent in this KNOWN	Pulmonary tuberculosis	0ct. 1935
12. BIRTHPLACE (city or town (Steta or country)	Flotnid.	ge	cupetion_KILOWII	Other Contributory Canses of importance:	

Parks

Unknown Virginia

Charles

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (Stete or country)

18. BURIAL, CREMATION, OR REMOVAL

15. MAIDEN NAME

(Stete or country)

Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

and

operation

-ray,

Mannar of injury

If so, spacify (Signed)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
* 3	. 3		
Other contributory causes of importance:		Other contributory causes of importance:	142
Gallstones	May 1,1923	Gastroenteritis	1 year
		- 1 15: 11	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
	FEB 25 1937
	BUNGLU V.S.

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Example I Example II The principal cause of death and related Date of onset The principal cause of death and related Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1921 Chronic interstitial nephritis Run over by street car 1 week ago July 5, 1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: May 1, 1923 Gastroenteritis Gallstones 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

RESERVED

MARGIN

Registran

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That I attended deceased from Date of onset 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased?

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Chronic interstitial nephralis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage MAR 4 1997	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:	1990	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			4-12-		

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL	V
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1000 of may back instructions plain carefully important. in DEATH pe pluods OF CAUSE NOIL

BINDING

MARGIN RESERVED

1. PLACE OF DEATH County Length of residence In city or town where death occurred (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE OR DIVORCED (write the word) munical 5a. If married, widowed, or divorced HUSBANO of (or) WHIE of 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Month 1 day.____hrs. or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and occupation /04 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or fown) Va (State or country) MOTHER 15. MAIOEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNOFRTAKER (Address)

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?_ If U.S. Veteran specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) 22. I HEREBY CERTIFY. That I attended deceased from to have occurred on the date stated above, at __ The PRINCIPAL CAUSE OF DEATH and related causes of Importance Oate of onset What test confirmed diagnosis?_ Was there an autopsy? Ave. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______ 19 Where did Injury occur?____ (Specily city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury. 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Address)

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car Day 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	DDITIONAL	ADD	TIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIA
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V. S. No. 1

N.B.

of OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

FION is very important.

19. UNDERTAKER

20, FILED.

(Address)

3

STATE OF MADVI AND	CERTIFICATE OF DEATH 1374
	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11.2
County Ballimore	Registration Dist. No.
Village or City Muddle / Cover	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME VINO a. Cereamer	If U. S. Veteran, specify WAR
(a) Residence: No. Middle River	St. Ward.
(Usualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the yord)	21. DATE OF DEATH Flathway 1st 100 7
married.	(Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Elva Mae (Brannan)	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 12 -1894	I last saw h Line alive on Feh. 10 ,29737; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the data stated above, at 4, 30Pm.
43 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware es follows:
8. Trade, profession, or particular kind of work dona, es SPINNER, Legane Ozenator	
SAWYER, BOOKKEEPER, etc.	A Della Dell
work was dona, as SILK MILL, Coastern Wolling Mull	Culturary surrenders 1930
kind of work dona, es SPINNER, Leane Serator SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, Lastern Rolling Mulls SAW MILL, BANK, etc. 10. Date dacaased last workad at this occupation (month and year) year) 11. Total tima (yapts) spant in this occupation	(<i>f</i>)
Sells	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Vm Q. tereamer	
13. NAME M. C. tereamer 14. BIRTHPLACE (city or town)	Name of operation / Date of
(State or country)	What tast confirmed diegnosis? Chinas Scally sthera an autopsy? 100
15. MAIDEN NAME Mary Seits	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Letts 16. BIRTHPLACE (city or town) Dullo	Accidant, suicida, or homicida? Data of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Celva Juae Cereamer (Address) middle River	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Carc Vauvo Date	Natura of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrat.

If so, spacify

(Signed)

(Address)

24. Was diseasa or injury in any way related to occupation of decaasad? Too

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gallstones Gastroentcritis 1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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SIAIE OF I	MARYLAND—	CERTIFICATE OF DEATH	310
1. PLACE OF DEATH		lovay 00	
Village or City Pikesville	naa I	Registration Dist. No.	
Village of City 1	h A (le	No. St., death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence In city or town whare death occ	currad 30 yrsmos	ds. How long In U.S. if of foreign birth?yrs	10sds.
2. FULL NAME Susce V.	Conswell	If U. S. Veteran, specify WAR	
(a) Residence: No. 1422 Rus	tustoin Pod Javal place of abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH February 13 (Month) (Day)	, 193 7 (Year)
HUSBAND of Brice M. Cris	swell	22. HEREBY CERTIFY, That I attended	deceased from
5. DATE OF BIRTH (month, day, and year) Man	10 1845	- Pa	: daath is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1:45 Am.	,
91 11	/ 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	01	were as follows:	Data of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc		Arrerio Iderosio	1900
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at	wife	D P	
10. Date deceased last worked at this occupation (month and year)	11. Total time (yaars) spant In this occupation	Brondas (muses on	February
12. BIRTHPLACE (city or town) Caurle C	0	Other Contributory Causes of Importance:	
(State or country)			
13. NAME - Pack			
13. NAME Pack 14. BIRTHPLACE (city or town) his (Stata or country)		Name of operation	autopsy?/Y@
15. MAIDEN NAME - Ha	yp	23. If death was due to extarnal causes (VIDL ENCE) fill In also the followin	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Lawoll	Co	Accident, suicide, or homicide? Date of injury	
7. INFORMANT Sterling Crise (Address) Defastille m	vell	Where did injury occur?(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
8. BURIAL, CREMATION, DR REMOVAL Place Duid Duly Date	Feb. 15 137	Manner of Injury	
19. UNDERTAKER J. F. Cling - S. (Addrass) Bustustoum M	tons	24. Was disease or Injury in any way related to occupation of deceased?	No
20. FILEOT ebruary 1.3, 1937 6.6.	Micholo)	(Signed) James A. Mille M.	M. D

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	10		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
				23		



STATE OF MADVI AND-CERTIFICATE OF DEATH

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY. PERMANENT

UNFADING INK-THIS MARGIN RESERVED

AGE should be

mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

FOR BINDING

properly classified.

be

CORD. Every item of infor-

	Registration Dist No. 30
Village or City Galous oille	CMI POS
	Not Manden Character A St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
	osds. How long In U.S. if of foraign birth?yrsmosds.
(a) Residence: No. Maiden Chirac La. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE PARRIED, WIDOWED, OR DIFFORCED (which the word)	21. DATE OF DEATH JELMING (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Oct 14 1870	I last saw h LV alive on Tulnung 1937; daath is said
7. AGE Yaars 6 Months Days If LESS than 1 dey,hr	to have occurred on the date stated above, above m. The PRINCIPAL CAUSE OF DEATH end related causas of Importanca were es follows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, Peligous	Carcinoma breast
9- Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc	To line & Central
10. Dete decessed lest worked at this occupetion (month end year) 11. Total time (years) spent in this occupation	Dther Cautributary Causes of Importance:
12. BIRTHPLACE (city or town) Mary Russ (State or country)	Diffiel Community Comes of Importance.
13. Compauxance D Deet	N D D D D D D D D D D D D D D D D D D D
14. BIRTHPLACE (city or town) (State openeury)	Neme of operation Additional Provide Dete of
15. MAIDEN NAME Hang an OBarlag.	23. If death wes due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Hang and Ogarlag.	Accident, suicide, or homicide?
E (State or country)	Whare did injury occur? (Specify city or towo, couoty and State)
17. INFORMANT (Address) Harden Chrice Care	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18-BURIAL, CREMATION, DR REMOVAL OUR Proof Charles Craft Date 2/17 13:	Manner of injury
19. UNDERTAKER TENGE CE Tuley	24. Wes diseesa or injury in eny way raleted to occupation of decaasad?
(Address) Halfy of the	If so, specify (Signed) A LULLY M. D
20. FILED 19 Registrar. If more blanks are seeded, address State Registrar.	(Address) 160 6 flastly and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Fout the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Service As since	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINGETTY

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEATH			57-3		1
County	BALTIMORE				Registration Dist. No.	38
	City RIDER WOOD.		(If	NONONorpital or institution of the state of	ution, give its NAME instead of str	
2. FULL N	AME WINETEL	D.SCOTT.	DTTCH	If U. S. Veteran,	specify WAR	
	ence: No. RIDERWO			St.,Ward.	If nonresident give city or to	
PERSO	NAL AND STATIST	TICAL PARTIC	CULARS	MEDICAL C	ERTIFICATE OF DEA	TH
3. SEX	4. COLOR OR RACE WHITE	5. SINGLE, MARI OR DIVORCED WID ON	(write the word)	21. DATE OF DEATH	FEBY 1911	937., 193(Yaar)
5a. If marriad, wide HUSBAND of (or) WIFE of	ELEANOR V	ERNAY		22. I HEREBY	Y CERTIFY, That La	ttanded deceased from
7. AGE Y	(month, day, and year) ears Months 76 2 ession, or particular	DEC. 16.	1860 If LESS than 1 day,hrs. ormin.	i last saw h aliva on to have occurred on the data stat	Feb. 18	19_37; death is said
9. Industry or work w SAW M 1D. Date decer	work done, as SPINNER, R, BDOKKEPER, atc. business in which as done, as SILK MILL, ILL, BANK, etc. used last worked at cupation (month and	II. Total ti span occu	me (yaars) t in this pation	Dthar Castributory Canses of Imp	-// 001// /.	Jan 19:
(Stata or co	JOHN DITCH			Dyeleli 4	Cartilla	1936 (4)
	CE (city or town)	Penna.			D Was th	
16. BIRTHPLA	AME MARY DIT(CE (city or town) or country) W.S.DITCH	PENNA.	٩	23. If death was due to external ca Accident, suicide, or homicide? Where did Injury occur? Specify whether injury occurred it	uses (VIOLENCE) fill in also tha f	ollowing: , I9 and State) BLIC PLACE.
	udon Park	4		Manner of injury		
19 UNDERTAKER (Address) 20. FILED		CALLET TO PYRC	Temp Register.	24. Was disaase or injury in any value of the second of th	Sonman J.	Hood M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FUELFRI V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state RD. Every item of infor-Exact statement of OCCUPAstated EXACTLY H UNFADING INK-THIS IS A PERMANEN properly classified. FOR BINDING of certificate. MARGIN RESERVED þe AGE should be TION is very important. See instructions on back CAUSE OF DEATH in plain terms, se that it may mation should be carefully supplied. NLY. -WRITE PL

V.S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 1378
1. PLACE OF DEATH	N; 2)
County Belling	Registration Dist. No. 33
Village or City Continue	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,n	losds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Planance O	Donalos
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Zel. / (Day) (Year)
5a. If married, widowed, or divorced	
HUSBANO of Tellie Danglos	22. I HEREBY CERTIFY, That I attended deceased from
4 0, 2 10 mg	Hast sew h // Alive on Fel. / 19 F/; death is said
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Oays If LESS then	to have occurred on the date stated above, at
/ / X / 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
- R. Trede, profession, or perticular	were es follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ocute impocardil failure 1/31/3"
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation year)	
(Da)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	- Browder- premions 1/26/3
13. NAME John Donales	1 6/3
13. NAME 14. BIRTHPLATE (city or town) (State or country)	Neme of operation. Area Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Troy for the	23. If death wes due to externel ceuses (VIOL ENCE) fill in elso the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMAN Roll od og les (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Menner of injury
Planty Olaston Oate 32 4 , 192,	Nature of injury
19. UNOERTAKER Home of Marie Carlo	24. Wes disease or injury In eny way related to occupetion of deceesed?
20. FILEO Fel 4 , 1987 Chiesles & Sell	(Signed) (1. 14. France M. D. (Address) Parkton his
	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1

I year	Gastroenteritis	8261,1 yoM	Gallstones
	Other contributory causes of importance:		Other contributory causes of importance:
	the terms of the second		
3 quis ago	Perilonilis / 2002	1261,8 ylul.	Сегерга! ћетотћаде
ा कहलू वचे	Run over dy street car	1861	Chronic interstilial nephrilis
obv Assu I	Augeliance were as ionows:	9161	Arteriosclerosis
Date of onset		teano to etsu	The principal cause of death and related causes of importance were as follows:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	RD.	YSI	stai	
	WACO.	YPH	Exact	
DATE	RMANENT	XACTL	classified.	
TOTATO	IS A PE	stated E	properly	certificate.
1	HIS	pe	pe	Jo
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD.	mation should be carefully supplied. AGE should be stated EXACTLYPHYSI	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact star	TION is very important. See instructions on back of certificate.
	PLAIN	ponld be	OF DE	very im
	-WRITE	mation s	CAUSE	TION is

Every item of infor-CIANS should state tement of OCCUPA-

CTATE	OF	MADVI	ANID	CEDTIEI	CATE	OF	DEATH
SIAIL	UL	MARIL	ANUT	CERTIFIC	CAIL	UF	DEATH

1	9	2009	0	1
ł	0	6	4	7

1. PLACE OF DEATH	
County Balts.	Registration Dist. No.
Village or City Essey	No. Dorsey and St Ward
Length of residence in city or town where death occurred 40 yrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How tong in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Nellie Doyle	3,000
(a) Residence: No. Dorsey and	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Wisson	21. DATE OF DEATH Tel. 5 (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of James H. Doyle	22. I HEREBY CERTIFY, That I attended daceased from
01-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	t tast saw h 4 ative on 19 37 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	t tast saw h alive on, 19, 19, 19, deeth is said to have occurred on the date stated above, at 5, m.
1 day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, at home	. 7 10
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decassed last workad at this occuration (most) and	Proces premone 73/37
10. Date decaased last worked at this occupation (month and spent in this occupation occupation occupation	
12. BIRTHPLACE (city or town) annapolis Ind.	Other Contributory Cause of Importance:
(State or country)	Neme of operation
15. MAIDEN NAME annie Stewart	What tast confirmed diagnosis? Wes there en autopsy? 23. If deeth was due to externat causes (VIOLENCE) fill or also the following:
15. MAIDEN NAME amil Stewart 16. BIRTHPLACE (city or town) amapolis md.	Accident, sulcida, or homicide? Deta of Injury
(State or country)	Where did injury occur?
17. INFORMANT Mes, annie Rosenthal (Address) Done are Esser	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Baltimore cam. Date 7eh 9 , 19 3	7. Mannar of Injury
19. UNDERTAKER George W. Sirbler (Addiess) 1737 2, edgy Str	24. Was disease or injury in any way related to occupation of daceased?
20. FILED 7/7 , 193) July & Cornelly Register.	(Signed) (Addrass) M.D.
	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

B.—WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-01	Example II	
The principal cause of death and related of importance were as follows:	hauses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1937 1015	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
201100			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 M

Vision and the second s	MAR	LAND-	CERTIFICATE OF DEATH	350
1. PLACE OF DEATH Saltimore			82 a) (M)	
County			Registration Dist. No. 30	
Village or City Catonsvil	le, Md.		No. Spring Grove St. Hosp. St., f death occurred in a horpital or institution, give its NAME instead of street and nur	Ward
Length of residence in city or town where deat	h occurred2	yrs8mos	s. 28 ds. How long in U.S. If of foreign birth?yrsmos.	nber)
2. FULL NAME Benjamin De	unbar		If U. S. Veteran, specify WAR	
(a) Residence: No. 1336 Han				
	(Usual place o		If nonresident give city or town and St	ete
PERSONAL AND STATISTICATION OF THE PROPERTY OF			MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
male white	OR DIVORCED	(write the word)	February 8 (Month) (Oay)	193.7 (Year)
5a. If married, widowed, or divorced HUSBAND of			22. I HEREBY CERTIFY, That I attended de	
(or) WIFE of Mrs. Belle Dr	unbar		May 11 19 34 to Feb. 8	1037
6. DATE OF BIRTH (month, day, and year) Jan	. 12 18	182	I lest sew h im alive on Feb. 8 19.37 ;	death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated ebove, at7.330M.om o	
55	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
Trade, profession, or perticular		(UI Hilli.	were as follows.	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	carpent	er	Arteriosclerosis	?
9. Industry or business in which work was done, as SILK MILL.	ndepende	nt	Hypertension	?
work was done, as SILK MILL, SAW MILL, BANK, etc			CErebral hemorrhages 1935,	Jan.
this occupetion (month and year)	spen	ne (years) t in this pation 25y:	Feb.	, 1937
		Janon	Other Contributory Causes of Importence:	
12. BIRTHPLACE (city or town) Marylan (State or country) Ridge, St. 1			Arteriosclerotic brain disease	1000
		ouncy	Arterioscierotic brain disease	1930
E S+ Me		nty, Md.		
14. BIRTHPLACE (city or town)	1 y 5 00 u	ii oy , ina .	Name of operation Date of	. Ves
	eynolds		What test confirmed diagnosis? Was there en eut	no
Tirgin:	ia		23. If death was due to externel causes (VIOL ENCE) fill in elso the following:	
O 16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Dete of Injury Where did injury occur?	, 19
Mrs. Belle Dunya	2 24		(Specify city or town, county and State)	
(Address) 1336 Hanover S		0.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	Ŀ.
18. BURIAL, CREMATION, OR REMOVAL	20	7~	Manner of Injury	
Placellasteru	Date 710	, 19	Nature of injury	
19. UNDERTAKER ILLE OO	05		24. Was disease or injury in any way related to occupation of deceased?	
(Address)	ent of	7	If so, specify	W
20 5450 3/6	6	lien	(Signed) Delay C. Cark	M. D.
20, FILEO, 19	6	Registrar.	(Address) Spring Grove State Hospit	al
If more blan	nks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	le, d

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUPEAU V. S.	it.	•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-CORD. Every item of infor-UNFADING INK-THIS IS A PERMANENT FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.—WRITE PLAINLY, WI

V. S. No. 1

Length of residence In city or town where death occurred yrs mos. ds. 2. FULL NAME (2) Column (2)	Registration Dist. No. Regist
Village or City Village or City Consumer Control Length of residence In city or town where death occurred Control (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (variet the word) PERSONAL OF BIRTH (month, dey, and year) 5. DATE OF BIRTH (month, dey, and year) AGE Years Months Days If LESS than to heve occurred to the word of the particular of the profession or perticular or min. 8. Trede profession or perticular	ing hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth?
Village or City Length of residence In city or town where death occurred Length of residence In city or town where death occurred (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE DEPUTY OF CONTROL OF CONTROL S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Correct William Control (or) WIFE of Control AGE Yaars Months Days If LESS than to heve occurred 1 day,hrs. Ormin.	in horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?
Length of residence In city or town where death occurred the series of abode. 2. FULL NAME (a) Residence: No. As a constant of the series of abode. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE DEPUTY OF THE SERIES OF THE SERIES OF THE SERIES OF THE PRINCE OF T	How long in U.S. if of foreign birth? yrs. mos. ds If U.S. Veteran, specify WAR. Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH E OF DEATH (Month) (Day) (Year) I HEREBY CERTIFY, That I attanded daceasad from the state of the st
2. FULL NAME (a) Residence: No. Color of Color of Abode) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE OR DIVORCED (write the word) A. If married, widowed, or divorcad HUSBAND of (or) WIFE of Color of	If U. S. Veteran, specify WAR Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH FOF DEATH (Month) (Day) 1 HEREBY CERTIFY. That I attanded daceasad from the state of
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Color of the word) DATE OF BIRTH (month, dey, and year) AGE Years Months Days If LESS than to heve occurrence and the profession or perticular or menticular. 8. Trade profession or perticular.	Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH E OF DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attanded daceasad from the state of the state o
PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE DEPOSITION S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Converted to the word of the	MEDICAL CERTIFICATE OF DEATH FOR DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attanded daceasad from the standard form of t
PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORDIVORCED (write the word) a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Color Colo	MEDICAL CERTIFICATE OF DEATH FOR DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attanded daceasad from the standard form of t
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Consultations of Months Days If LESS than 1 day, hrs. or	(Month) (Day) (Year) I HEREBY CERTIFY, That I attanded daceasad from the first standard from the firs
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Constitutes Q. College State of	I HEREBY CERTIFY. That I attanded daceasad from 1976, to 7 W. 1937 alive on 7 W. 1937; death is sa
a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Colorade Q. Colorade 22. DATE OF BIRTH (month, dey, and year) Sept. 27th 1857 AGE Years Months Days If LESS than 1 day,hrs. ormin.	I HEREBY CERTIFY. That I attanded daceasad from 1976, to 7 W. 1937 alive on 7 W. 1937; death is sa
DATE OF BIRTH (month, dey, and year) Sept. 27th 857 AGE Years Months Days If LESS than 1 day,hrs. ormin.	re 4 ,1976 to 7 W , 1937
AGE Yaars Months Days If LESS than to heva occur and the profession or nerticular. 8 Trade profession or nerticular.	en alive on 7th. 5, 1937; dasth is sa
AGE Yaars Months Days If LESS than to heva occur and the profession or nerticular. 8 Trade profession or nerticular.	525Tp
79 4 9 1 day,hrs. ormin. The PRINCI	irred on tha data stated epove, at
8 Trade profession or particular	PAL CAUSE OF DEATH and ralated causes of importenca
kind of work done, as SPINNER,	Ows:
	Reservance of bladder 2 1030
9. Industry or business in which	Generalii Partermeliari 1930
9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc.	general accounting 193
year) occupation Other Coats	ibutory Causes of Importance:
2. BIRTHPLACE (city or town) Attenown	Jewelty 1926
(State or country) Vizamia	
13. NAME Philips of ale	
14. BIRTHPLACE (city or town) Linkmous Name of op	0
What test of	onfirmad diagnosis? Wes thera an autopsy?
15. MAIDEN NAME Safatogan 23. If daath v	vas due to external causes (VIOL ENCE) fill in also the following:
To office (city of town)	icide, or homicide?, 19, Date of Injury, 19
whare did i	(Specify city or town, county and State)
7. INFORMANT	ther Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	
Place Baltimore and Date Leb 8, 1937 Nature of in	
1.0.00	asa or injury in any way related to occupation of daceased?
20. FILED 27/3) AS WILL ON SAMME Registrar. (Signal	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state rECORD. Every item of infor-Exact statement of OCCUPA-H UNFADING INK-THIS IS A PERMANENT

FOR BINDING

MARGIN RESERVED

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex TION is very important. See instructions on back of certificate. -WRITE PLAINLY, WE

STATE OF MARYLAND— 1. PLACE OF DEATH County Saltimore	Registration Dist. No.
Village or City Middle Kwer	NOSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME May alice Cerestia (a) Residence: No. Malle River (Usual place of abode)	ds. How long in U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W100WED, OR DIVORCED (write the word) Married.	21. DATE OF DEATH Jeb. 1937 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Celearles Enversor Everhan France 4-1678	22. PAREBY CERTIFY. That I attended deceased from 24 , 1977
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then 1 dey,hrs. ormin.	to heve occurred on the dete steted above at
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Cosetal Heworrhage 1/29/3
10. Dete deceesed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) 13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) 15. MAIOEN NAME Unknown	Whet test confirmed diagnosis? Wes there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT G. G. Eughagt (Address) Middle River	Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Placed Mulling 11. Oate 2/27, 1932	Manner of Injury
19. UNDERTAKER John G. Connelly (Address) Essex Juch G	24. Wes disease or injury in any way related to occupation of deceased?
20. FILEO 2/36, 1937 John & Comelly Reging.	(Signed) M. D (Address) Cally M. D (Address) Colly M. D

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11	Example II	
death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
MAR A 1997	1915	Attack of epilepsy	1 week ago
ritis	1921	Run over by street car	1 week ago
SURTAU V. 8.	July 5,1927	Peritonitis	3 days ago
			0
uses of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
			Line Legal
	death and related causes follows:	death and related causes follows: 1915 1921 July 5,1927 uses of importance:	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Uses of importance: Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH A. 1383
1. PLACE OF DEATH	107 -
County Billians	Registration Dist. No.
Village or City Relay	No. Relay Sinterium St., Ward
(if Length of residence in city or town where death occurredyrsmos	death occurred in a hoppital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Col. les B. Esamb	If U. S. Veteran, specify WAR
	St., / Ward.
(a) Residence: No. (Usual place of abode) (R. Mariana)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULÄRS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR-DIVORCED (wind the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WISE of Buth Elizabeth Eisenbucht	Oct 22 1935, to 7 1 9 - 1939
6. DATE OF BIRTH (month, day, and year) Jun 4 4 1869	I last saw h alive on I do 9 5 , 1927; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
68 1 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Janualized Continuolianio 1920
SAWYER, BOOKKEEPER, etc. Schammer Meland	Carefrat artinocuris 1922
work was done, as SILK MILL, SAW MILL, BANK, etc	Brikginsonnin 7et 5,4
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
year) occupation 191	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) - / See Strange	Other Considerly Cares of Importance.
(State or country)	
14. BIRTHPLACE (city or town) - Jones Grands	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
II a	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
2 0 0 0: 1 1/2	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT Show (Address) 1642 Evantual Const	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ladumati Date Selt 12, 1951	Nature of injury
19. UNDERTAKER SENTAL JULIA, Comparaled	24. Was disease or injury in any way related to occupation of deceased?
(Address) 1735 Aug over Out	If so, specify
20. FILESTOP 9 , 1937 Plankaffer	(Signed) M. D
Registrar.	(Address) (Kelan, And

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	of importance were as follows:		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ExTION is very important. See instructions on back of certificate. H UNFADING INK-THIS IS A PERMANENT FOR BINDING MARGIN RESERVED -WRITE PLAINLY, W

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
D 00.	950 Paristal State 3
County Ballimore	Registration Dist. No. 970
Village or City Touck Hull	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth? O Gyrsmosds.
2. FULL NAME Offor Charles Con	ge Not a U. S. Gruny Veteran
(a) Residence: No. To a la Kill	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH I
male while married	(Month) (Oay) (Yéar)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WiFE of amelia angl	Llec. 1 , 1936, to Feb. 11 , 1937
6. DATE OF BERTH (month, day, and year) 7 1871	I last saw have alive on Feb. 10, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at . 4
65 3 4 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade protection or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at Jame. 11. Total time (years)	arterioschrosio chykestensi ?
9. industry or business in which work was done, as SILK MILL.	Chr. musearditis ?
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at Jaw. 11. Total time (years)	<i>f</i>
O 10. Date deceased last worked at this occupation (month and 123.6). 11. Total time (years) spent in this occupation occupation.	
11	Other Contributory Causes of Importance:
12. BtRTHPLACE (city or town) (State or country)	
	Derebras kensoshoge 4/9/37
H M	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Blond framewas there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
7 (orato of county)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ASSAULT OF STATE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Saltenine am. Osto Febr 15, 19-37	Nature of injury.
7.1200	
19. UNDERTAKER 18 deleck A agrahu offer (Address), 7401 Belair Park	24. Was disease or Injury in any way related to occupation of deceased?
9/10/2 Valt millemment	If so, specify (Signed) L. M. Bacos M. D.
20. FULD Fr. 3 1 9 LED & LG VILLE Registrar.	(Address) Jaskville
If more blanks are weeded address State Registrer	222 N. Charles Street Relainmen Departure W. C. M.

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ER STATEMENTS BY PHYSICIAN
MAIL + 1000
Besierra

B.—WRITE PL. ALY, W. I UNFADING INK—THIS IS A PERMANENT CARD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	item of infor-	should state	of OCCUPA.	/
—WRITE PL. ALY, W. I UNFADING INK—THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.	A RD. Every	7. PHYSICIANS	Exact statement	/
WRITE PL. ALY, W. I UNFADING INK-THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of c	IS A PERMANENT	stated EXACTLY	properly classified.	ertificate.
WRITE PLALY, While mation should be carefully su CAUSE OF DEATH in plain TION is very important. See	JNFADING INK-THIS	pplied. AGE should be	terms, so that it may be	instructions on back of c
1 / 5	-WRITE PL. ILY, W. I I	mation should be carefully su	CAUSE OF DEATH in plain 1	FION is very important. See

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH
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1	4	N		
1	U	-7	0	

County Registration Dist. No. 38
9
NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
St., Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH - Strange 1974 , 193 7 (Month) (Day) (Year)
22. I HEREBY CERTIFY. That I attended deceased from
I last saw held alive on -el 9, 1927; death is said to have occurred on the date stated above, at 11.789 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
Clironie Negocardelis
Other Contributory Causes of Importance: Caralnal I besuarshage.
Name of operation
What test confirmed diagnosis? Was there an au'opsy?
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
Manner of injury
24. Was disease or injury in any way related to occupation of deceased? 120 If so, specify Cigned Colour M.D. (Address) 6010 Gorle Road.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis . 2 1007	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
UKSALI V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MEDICAL CE		OF DEATH	
21. DATE OF DEATH	KIIIICATE	OF DEATH	
A. DATE OF DEATH	2	1	. 193
	(Month)	(Day)	(Year)
22. I HEREBY	CERTIFY	, That i attande	ed decaased from
Jan 15 1	937 10 7	1	193
Hast saw h alive on	Jan 3		Z.; death is said
to have occurred on the data stated	abova, at 935	Aim.	
The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes	of importance	
0 = -	. 1		Date of onset
arterio 8	elevor	U	
······································			
Cornack	occle	um	
Other Contribution Contribution			
Other Contributory Causes of import	. 11		
Allaha	Thea	16.	• • • • • • • • • • • • • • • • • • • •
y			• • • • • • • • • • • • • • • • • • • •
Name of a surfice			
Name of operation What test confirmed diagnosis?	Pinal		
		Wes there e	-
3. If deeth was due to externel ceuse			
Accident, suicide, or homicide?	Da	nte of injury	, 19
Where did injury occur?	(Specify city or to	2 bee winner and	
Specify whether injury occurred in i	NDUSTRY, in HOM	E, or in PUBLIC I	PLACE.
Menner of Injury			
Nature of injury			
4. Was diseese or Injury in any way		ion of daceased?	no
If so, specify	01		
(Signed) By P	hum	antino	
7	1-0-20-0-0-0-0-0-	The same of the same of the	

V. S. No. 1

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1937	July 5, 1927	Peritonitis	3 days ago
BUREAU V. 6	0 0 0		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920
County Sallismore	Registration Dist. No.
	No. Ma Ce WE M. Janustan Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 3 yrs	sds. How long In U.S. if of foreign birth?yrsmosds,
2. FULL NAME Catherine Jehn	If U. S. Veteran, specify WAR
(a) Residence: No. Coop . Mil. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Jel. 28 th, 193 7 (Month) (Dey) (Veer)
5e. If merried, widowed, or divorced HUSBANO of (or) WIFE of Joseph J. Jehn	2. Thet I attended decessed from
6. DATE OF BIRTH (month, dey, end yeer) July - 30 - 1864	I last sew h. T. elive on T. C V. Q. 193. 7: death's seld
7. AGE Years Months Oeys If LESS then	to have occurred on the dete steted ebove, at
72 6 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
2 Trade profession or particular	Osto of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceesed lest worked at this occupation (month and	Sistase motion
10. Date decessed lest worked at this occupetion (month end yeer) 11. Total time (years) spent in this occupetion	
12. BIRTHPLACE (city or town)	Other Contributary Causes of importance:
(Stete or country) Lermany	Tente di al apon of fers
14. BIRTHPLACE (city or town)	Neme of operationDate of
(State of Country)	Whet test confirmed diegnosis? Was there an eutopsy?
15. MAIOEN NAME Unknown	23. If deeth was due to externel ceuses (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur?
17. INFORMANTIM. Joseph John John (Address) Lesbert June,	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATYON, OR REMOVAL	Menner of Injury
Place Clare Lawy Octo 3/3 193/	Neture of injury
19 UNDERTAKER Strong S. Connelly	24. Wes disease or injury in eny way related to occupation of deceased?
(Address) Bosex prodd	If so, specify A A A A A A A A A A A A A A A A A A A
20. FILEO 3/2 1937 John Gronelly	(Signed) 3209 gostly fre

V. S. No. 1

RECORD. Every item of infor-PHYSICIANS should state

stated EXACTLY.

properly classified.

pe

certificate.

in very important. See instructions on back of

TION

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY,

ä

WITH UNFADING INK-THIS IS A PERMANENT

AGE should be

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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li li	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
---	------------	-----------	---------	------------	----	-----------

S. No. 1

10. Date deceased last worked at

this occupation (month and

Joseph Oppelt

15. MAIDEN NAME Kunnigundia Hildgraber

ederal

Eutaw Place

12. BIRTHPLACE (city or town)

(State or country)

14. BIRTHPLACE (city or town)

(State or country)

16. BIRTHPLACE (city or town)_____ (State or country)

Mrs.

1300

(Address) First

18. BURIAL, CREMATION, OR REMOVAL

13. NAME

19 UNDERTAKER

FATHER

MOTHER

infor

OCCUPA

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Baltimore Registration Dist. No. _____ Village or City Arbutus (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred vrs. mos. ds. How long in U.S. if of foreign birth? vrs. mos. ds. 2. FULL NAME MARGARET FICK (a) Residence: No. First Ave. (Arbutus) (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH QR DIVORCED (write the word) Female White Widowed 5a. If married, widowed, or divorced HUSBAND of EREBY CERTIFY. That , I attended deceased from (or) WIFE of George Fick 6. DATE OF BIRTH (month, day, and year) Nov. 15. 1857 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 12.30 m.P. 1 dayhrs. 25 The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic At 9, Industry or business in which work was done, as SILK MILL, Home SAW MILL, BANK, etc

11. Total time (years)

Germany

Germany

Germany

Margaret Neighoff

occupation ...

Name of operation____ What test confirmed diagnosis? ---- Was there an autopsy?.. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury_______ 19___ Where did injury occur?

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or infury in any way related to open pation of deceased?

(Specify city or town, county and State)

Date of ogset

Registrar Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Manner of injury

Nature of injury

If so, specify (Signed)

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Example I		Example II	
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Arteriosclerosis 14A5 9 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Dr. Taukaitis 679-6	ashere	estre Blod.	
Other contributory causes of importance:	re is	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state CORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT

mation should be carefully supplied. AGE should be stated EXACTLY. TION is very important. See instructions on back of certificate. B.—WRITE PLA

MARGIN RESERVED FOR BINDING

STATE	OF	MARYLAND-CERTIFICATE OF	DEATH
SIMIL	O1	MARIEAND CERTIFICATE OF	DEATT

County Particular Registration Dist. No. 2 Village or City Curry Will No. 2 Length of rasidance in city or town where dasth occurred . Q. yrs	1. PLACE OF DEATH		912		
Village or City	County Posttien	-oil	Registration Dist. No. 33		
Langth of rasidance in city or town where death occurred	Village or City Owen	go mille	No. St.	Ward	
(a) Residence: No. County Mark (b) Residence: No. County Mark (c) Residence: No. County Mark	/				
(a) Residence: No. County World (County would and State (County)) S. EX	Length of rasidanca in city or town when	re daeth occurred /mos	ds. How long in U.S. If of foraign birth?yrsmos	ds.	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED, OR DIVOKED Consiste the world was a state of the consistency of the consi	2. FULL NAME Care	N. Floor	If U. S. Veteran, specify WAR		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED Conirch have were as follows: 5. If married, widowed, or divorced HUSBAND or (Wonth) 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months S. Washing of the profession, or perticular kind of work done, as SPINNER, SAW MILL, BAIK, etc. S. Washing of work done, as SPINNER, SAW MILL, BAIK, etc. 10. Data Genessed last worked of this occupation (month) and and the secure of the deceased last worked of this occupation (month) and and the secure of the secure of the deceased last worked of this occupation (month) and and the secure of the secure of importances: 11. Total time (years) page 11. Total time (years)	(a) Residence: No.	vingo mills			
3. SEX 4. COLOR OR RACE OR DIVORCED (with ward) OR DI					
Sa. If married, widowed, or divorced HUSSAND of Got Work of Got Will of Got Work of Got Wo					
HUSBAND of (or) WIFE of General S. Hoost 5. DATE OF BIRTH (month, day, and yasr) 7. AGE Yeers Months Deys If LESS then 1 dey	3. SEX 4. COLOR OR RACE	OR DIVORCED (write tha word)	21. DATE OF DEATH F.S. 7 , 193 (Month) (Day) (194)	7 Yaar)	
8. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Deys If LESS then 1 dey,hrs, ormin. The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows: 9. Today of work done, as SPINRR, SAWYER, BOOKKEPPE, etc. 9. Today of the dele stetad above, et 3. HTP.m. The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows: 9. Today of the dele stetad above, et 3. HTP.m. The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows: 9. Today of the dele stetad above, et 3. HTP.m. The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows: 9. Today of the dele stetad above, et 3. HTP.m. The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows: 9. Today of the dele stetad above, et 3. HTP.m. The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows: 10. Date deceased last worked et his secupation (month and of the principal delease) and the follows: 11. Total time (years) secupation of the dele stetad above, et 3. HTP.m. The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Stete or country) 18. BURIAL CREMATION, OR REMOVAL Where did Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE Manner of Injury Nature of Inju	HIISBAND of	S. Floor			
3. Trade, profession, or perticular kind of work done, as SPINNER, SAVYER, BOOKEFER, etc	6. DATE OF BIRTH (month, day, and year)	Oct. 2, 1880	I last saw h sam aliza on Fab 7 , 19 \$ 7; deat		
B. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Jacuary Declaration of work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Jacuary Declaration of work was done, as SILK MILL, BAIN, etc. 10. Data daceased last worked egenthis coccupation (month and work) as a full secupation (month and work) as a full secupation (month and work) as a full secupation (state or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME William Washington of the work of the coccupation (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME Welliam Dellawa Dellawa (State or country) 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Stete or country) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Manner	7. AGE Yeers Months		to heve occurred on the dete stetad above, et. 3:457m.		
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKEEPER, etc. 9. Tadustry or business in which work was done as SPINNER, SAW MILL, BANK, etc. 10. Data daceased last worked etc. spent in this occupation (month and year) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Mulland F. Floor 14. BIRTHPLACE (city or town) (Stato or country) 15. MAIOEN NAME Mullisea Pellows 16. BIRTHPLACE (city or town) (Stee or country) 17. INFORMANT (Address) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of Injury Manner of Injury Manner of Injury Nature of Inj	56 4				
Other Contributary Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Manner of Inj	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Youran elephone as.	Estanary Occlusion? 2/	7/3	
13. NAME Millard, F. Floors 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIOEN NAME Meliosa Bellowe 16. BIRTHPLACE (city or town) (Stefe or country) 17. INFORMANT Levila & Floors (Address) 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of	yeer)	1937 spant in this occupation 20	Other Contributory Causes of Importance:		
What test confirmed diagnosis? Was there en eutopsy? A 23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Ostete or country) Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Was there en eutopsy? A 23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Was there en eutopsy? A 23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Was there en eutopsy? A Accident, suicide, or homicide? Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Nature of Injury Nature of Injury		ma.	-		
What test confirmed diagnosis? Was there en eutopsy? A 23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Was there en eutopsy? A 23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Was there en eutopsy? A Was there en eutopsy? A Accident, suicide, or homicide? Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Was there en eutopsy? A Was there en eutopsy? A Was there en eutopsy? A Accident, suicide, or homicide? Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Nature of Injury Nature of Injury Nature of Injury	13. NAME Millard	J. Floor			
What test confirmed diagnosis? Was there en eutopsy? A 23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Ostete or country) Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Was there en eutopsy? A 23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Where did Injury occurr? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Was there en eutopsy? A 23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Was there en eutopsy? A Accident, suicide, or homicide? Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Nature of Injury Nature of Injury	14. BIRTHPLACE (city or town)	-bagpy	Name of operation hanks Oate of 200	mer.	
(Specify city or town, county and State) 17. INFORMANT Levila & Hlook (Address) 18. BURIAL, CREMATION, OR REMOVAL We feed at the content of the content o	(Stata or country)	rud.	What test confirmed diagnosis? Was there en eutops	y? 200.	
(Specify city or town, county and State) 17. INFORMANT Levila & Floor Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Overgo mills me. 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Name Nature of Injury Name	15. MAIDEN NAME MELESE	a Bellows		,	
17. INFORMANT Seculas 8. Floots (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of Injury	16. BIRTHPLACE (city or town) (Stete or country)		Where did Injury occur? Zrone.	15	
Mirladelatown nd. Oate Feb. 10, 1937 Nature of Injury none			Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Nouse		
		L. Date Feb. 10, 1939			
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? 22. (Addrass) Sympositile with the second of the secon		Son Inc.	24. Was disease or injury in any way related to occupation of deceased? 215		
9 9	219 27	1. Pour Price	(Signad) D. Seples	М. D.	

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FEB 24 1937

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ETION is very important. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT -WRITE PLA

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	40
County / Jaluur	Registration Dist. No.
Village or City Alley	No. Deld (allege (A , St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidanca in city or town where death occurred 3 yrsm	osds. How long In U.S. if of foralgn birth? 56.yrsmosds.
2. FULL NAME of arlotte f. Forg	au If U. S. Veteran, specify WAR
(a) Residence: No. Old Rolling Road (Ususi place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, (write the word)	21. DATE OF DEATH Jev. 4 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBANO of (or) WIFE of David J. Forgan	22. I HEREBY CERTIFY. That I attended deceased from 1976, to Februs, 1937.
5. DATE OF BIRTH (month, day, and year)	I last sew here alive on 7-26 3 , 1937; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 530 Pm.
74 # 13 1 day,hrs	The state of called the care of the state of
9 Trada profession or particular	Date of onest
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc J. Duss Wyfi	E Heneral 1 1
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Corcinomotorio
SAW MILL, BANK, etc	
10. Oate deceased last worked et this occupation (month and yaar)	
	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) (State-er-country)	They could ensighe
1 13, NAME TOLINIC (TALLY	- Dertily
	Reserved to
(State or country)	Name of oparetion Data of Whet test confirmed diagnosis? Data of Was there en au'opsy
	Whet test confirmed diagnosis? 23. If death was due to external ceuses (VIOLENCE) fill in also tha following:
The state of the s	
15. MAIDEN NAME Marlotte Sestor 16. BIRTHPLACE (city or town) (State or country)	Accidant, sulcida, or homicide? Dete of injury
El. Francis	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT PLANS (Address) A lay Weld.	Openia missing injury occurred in intousini, in nome, of the robell PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place At allequating 4. Date Tel. 6, 193	Nature of Injury
19. UNDERTAKER Caston Sous	24. Was diseese or injury In any way related to occupetion of deceased? 226
20. FILEO Johnson, 1937 Gen Keffer Registrar.	(Signed) A Danilge Ma
If more blanks are needed, address State Registra	ir, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	i	Example II	15
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 2 1987	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
American Services and American Services			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF WARTLAN	D CLIVIII ICATE OF DEATH
1. PLACE OF DEATH	463
County BALTIMORE	Registration Dist. No. 4
/ Village or City DUNDALK	No. 108 KINGSHIP ROAD St., Ward
Length of residence In city or town whera deeth occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME JULIA CARROLL FRAN	KLIN 1f U.S. Veteran specify WAR.
(a) Residence: No. OS (Vaual place of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE FEMALE WHITE S. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w WIDOW	
5a. If married, widowad, or divorced HUSBANO of	
(or) WIFE of FRANCIS FRANKLIN	Sept. 24 1936 to Fift 1 attended deceased from
6. DATE OF BIRTH (month, day, end year) SEPT . 6-1868	I last saw h & elive on Feb 13, 1937; death is seld
6. DATE OF BIRTH (month, day, end year) DEPT . D-1808 7. AGE Yeers Months Days If LESS	
60 6 7 I day,	hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importance
9 Trade profession or carticular	in. ware as follows: Oate of onset
kind of work done, as SPINNER, HOUSE WORK AT SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month end	Carcinoms of Stormal 9-24-3
9. Industry or business in which	T. T. T.
work was done, es SILK MILL, HOME SAW MILL, BANK, etc	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) PENNA PA.	
(State or country)	- Mone
# 13. NAME MICHAEL CARROLL	
13. NAME MICHAEL CARROLL 14. BIRTHPLACE (city or town) IRELAND	Neme of operation Oate of
(State of Country)	What tast confirmed diagnosis? Survival Was there an autopsy? No
H 15. MAIDEN NAME JULIA WALSH	23. If daath was due to axternal causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME JULIA WALSH 16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide?Oata of Injury, 19
(Stete of County)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT CLIFFORD H. PARRY (Address) 108 KINGSHIP ROAD	Spacify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
SACRED HEART OF MARY Date FEB. 16,1	93.7- Natura of injury
19. UNDERTAKER Lilly + Zeiler INC. (Address) 46.3 11 Walle St.	24. Wes diseese or injury in any way related to occupation of daceesed?
20. FILED. 7/15/37, 19. Millearmil	(Signed) M.D. M.D.

STATE OF MADVI AND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			
other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1 50	

ADDITIONAL SPACE FOR FURTHER STATE	EMENTS BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1392
County Baltimore	Registration Dist. No. 38
Village or City On York Road near	- William Milliam Mrs I
(1	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth? yrs das. ds.
2. FULL NAME Jeorge W. Jardr	ier my a south court
(a) Residence: No farrettsville	St., Ward
PERSONAL AND STATISTICAL PARTICULAR	e Hall F. O. The descrive city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OF PACE IS SINCLE MARRIED WILDOWS	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH
Sall married without white married	(Month) (Dey) (Yeer)
5e. If married, widowed or diverced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
Christiana faraner	
6. DATE OF BIRTH (month, day, and year) Flo. 22, 1884	I last saw h alive on
7. AGE Yeers Months Days If LESS than	to have occurred on the date steted above, atm,
52 11 13 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade protection or particular 1 6 1 ch 0 %	were as tollows: Out of one of the last of the of
kind ot work done, as SPINNER, Stone Quary SAWYER, BOOKKEEPER, etc.	assident while riding in
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Dete deceased last worked et this correction (mich and	a truck shorted as sol
SAW MILL, BANK, etc. Composed 4000	Ja manner Ly Joseph
10. Dete deceased last worked et this occupation (pronth and year) 4.00 2.1437 spent in this world	L. S. Kennedy that It
decupation decupation	Other Contributor Conces of importance Creeked unto
12. BIRTHPLACE (city or town) Jawn Jawn	the rear of a truck
(State pa country)	parked of the road thereby
14. BICHPLACE (city or town) owes Chance for	causing a collision
2 14. BIRTHPLACE (city or town) oug Chance for	Name of operation of technical for Date of all
(State of country)	What test confirmed diegnosis? Was there an autopsy? Like
16. BIRTHPLACE (city or town) Chanceford	13. If death was due to external causes (VIOLENCE) fill in also the tollowing:
o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide Company Date of Injury 2/5, 19.3/
(State or country)	Where did injury occur? On Your Rd Junionum
17. INFORMANCE risking farances	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Jarrettsvelle, ma	Public place
18. BURIAL CREMATION OR REMOVAL COOPING V/C 37	Manner of injury automobile
Dafe Dafe 1.0.,193 f	Nature of injury Curtomsbelle
19. UNDERTAKER G. 1. Kurth 4500	24. Was disease of injury in any wey related to occupation of deceased?
(Address) Janes Maria Company	If so, specify
20. FILED 19 , 18 7 SUP CANSE Vanto	(Signed o west wheel)
Delty horal Registrar.	(Address) Jourson (Ma)
If more blanks are needed, address State Registrar,	241 x N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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		FEB 19 1937	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR FURTHER S'	TATEMENTS BY PH	YSICIAN	
0	. 0	10	20 11	6 102
Corone	is Angu	ast the	a Tw.	7.190/
at XIM.	at lor	your V	olice	Court
		1	HO	OP Pag
	- 6	10 man	a. wige	el, cou

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	131
County Balto.	Registration Dist. No. 3 X
Village or City Par Kville	No. 7711 Ches June Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the a hospitation institution, give its IVAIVIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME assis a. Gerwig	If U. S. Veteran, specify WAR & Record
day Photo	8
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRISD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Fel 13 4 193 7
5a. If-married, widowed, or-diversed	(Month) (Day) (Year)
(or) WIFE of Vacob F. Gerwig	22. I HEREBY CERTIFY. That I ettended daceesed from Llec. 38, 1936, to Feb. 13, 1937
COLUMN TO THE WAY SOLD	I lest saw h alive on Jeb 12 1937 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 32 a.m.
60 3 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or particular	ware as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chr. muses ditis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at the company and this occupation (month and	Chr. interstitist nephritio
10. Date deceased last workad at 25 this occupation (month and 1936 spent in this year)	
12. BIRTHPLACE (city or town) Belts G	Other Contributory Causes of importanca:
(State or country)	Urasmia 2/8/31
13. NAME Clugust Lay	
13. NAME Clugust Clay 14. BIRTHPLACE (city or town)	Neme of operation Date of Was there an appopy?
15. MAIDEN NAME Classic Lumbard +	23. If deeth wes due to axternel causes (VIOL ENCE) filt in also the following:
15. MAIDEN NAME Come's Zemhard T 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of Injury 19
16, BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Geo. R. Gerwig	(Specify city or 10wn, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 4634 Hampaker av	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
an P	Natura of Injury
19. UNDERTAKER (Address) (27) Therefore (Address)	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED 9/13 , 1937 a. T. Bacon	(Signed) G. M. Bacon M. D.
Registrar.	(Address) 2810 Jaylor live

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Kol 1. Journal O. O.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		FED.	0/

ADDITIONAL	SPACE	FOR I	FURTHER	STATEMENTS	BY	PHYSIC	MAN

V. S. No. 1

of certificate.

19. UNDERTAKER

(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Baltimore.	(47:03)
11	Registration Dist. No.
Village or City of arrows that.	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Emory Edward Gree	u) If U. S. Veteran, specify WAR Mone
(a) Residence: No. 707 Tf. Street (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oav) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Green President	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) #Shee Z. 1888	t last saw h. Malive on Feb. 12 ,1937; death is seid
7. AGE Yeers Months Days if LESS than 1 day,hrs.	to have occurred on the date stated above, et 9.20 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	frimary adeno - Date of onset
SAWYER, BOOKKEEPER, atc. CLEONIC CUEW .	cascinoma of the about
work was done, as SILK MILL, & feel Mill,	lung. Jewe 19
kind of work dona, as SPINNER, Ellotticeau SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oata deceased last worked at this occupation (month and July 1936 spent in this occupation / 84x	
12. BIRTHPLACE (city or town) Tiffling	Other Centributory Causes of importance:
(State or country)	cachexia
13. NAME William Green.	n woode,
13. NAME William Skelm. 14. BIRTHPLACE (city or town) (State or country) Ohio	Nama of operation. Almorel of gland Date of ang 143. What test confirmed diagnosis? Choose operations was there an aulopsy? U.D.
15. MAIDEN NAME Laura/wikuswy.	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) I if fine (Stata or country) whice,	Accident, suicide, or homicide?
17. INFORMANT Ella Green life (Address) 707 F. St.	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Loudon St. Daja Tel. 20, 1937.	Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

24. Wes disease or injury In any way related to occupation of daceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

		Example II	
Date of onset	The principal cause of of importance were as	death and related causes follows:	Date of onset
1915	Attack of epilepsy		1 week ago
1921	Run over by street car		1 week ago
July 5,1927	Peritonitis		3 days ago
	Other contributory cau	ses of importance:	
May 1,1923	Gastroenteritis	the open	1 year
		3	Mr. A
		FED 101	122
	1915 1921 July 5,1927	of importance were as 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory cau	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	139:
1. PLACE OF DEATH	51-0	
County / Saltimore	Registration Dist. No.	37
Village or City Duckeyerille	No. Masonic James LSt., (If death occurred in a hospital or institution, give its NAME instead of street and	Md Ward
	osds. How long in U.S. It ot toreign birth?yrs	
2. FULL NAME Toris D Theene	If U. S. Veteran, specify WAR	
(a) Residence: No. Marie Homes of Apollows of about all	Most. Ward. If nonresident give city or town an	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (qurite the word)	21. DATE OF DEATH February (Month) (Day)	., 193 7
5a. If married, widowed, or divorced	/ (month) (bay)	(Teer)
HUSBAND of Hannah J. Pyle	22. I HEREBY CERTIFY, That I attended	d deceased from
6. DATE OF BIRTH (month, day, and year) March 30th 1851		.; deeth is sale
7. AGE Years Months Days If LESS then	to have occurred on the dete stated above, at 12.40 Mam.	
85 10 2 1 day, hrs	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as tollows:	
8 Trade protession or perticular	Nero as tonores.	Date of onset
kind of work done, as SPINNER, Stone Culler	- Corcupnice of Protate	1935
Jundustry or business in which work was done, as SILK MILL,	arterco Sollivosio	1934
SAW MILL, BANK, etc	Chronic Myorarditis	1935
this occupation (month and ago spent in this vear) there ago occupation		
12. BIRTHPLACE (city or town) Reis Lesston and (State or country)	Other Contributory Causes of importance:	
13. NAME John D. Greene		
9 +1		
(State or country)	Name of operation Date ot_	
	What test confirmed diagnosis? Was there an	100000
IS. MATDEN NAME At any of While	23. It death was due to external causes (VIOLENCE) fill in also the tollowing	-
15. MAIDEN NAME Mary & Uhler 16. BIRTHPLACE (city or town) maryland (State or country)	Accident, suicide, or homicide? Date of injury	, 19
(Stete or country)	Where dld Injury occur? (Specify city or town, county and St.	ate)
17. INFORMANT Lauren Me Schwertel	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Laboury, Seisler Surpore 74 6 , 1927	Nature of injury	
19. UNDERTAKER John O Mitchell	24. Was disease or injury in any way related to occupation of deceased?	
(Address) 1900 autan fol Ch	(Signed) Halburn to Shillman	٠

Registrar.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1'week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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ITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of in	on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU	N is very important. See instructions on back of certificate.
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Ξ	E	S	-

MARGIN RESERVED FOR BINDING

	ÿ	STA	TE C	F MARY	LAND-	CERTIFICAT	E OF DEATH	1300
1	. PLACE OF	DEATH				(2.5)	KO.	: 001)
		Baltim					Registration Dist. No. 30	
	Village or Ci	ty Ca	tonsv	ille		No.	St.,St.,structure of street and	Ward
	Length of resid	lence in city or to	own where d	eath occurred1	yrs,8mos	6. ds. How long in U	I.S. if of foreign birth?yrs	mosds.
2	. FULL NAM	ME	James	Griffith		If U. S. Vel	teran, specify WAR	
	(a) Residence	e No. S	pring	Grove Ho	spital	St., Ward.		
	()	702 Hyde			f abode)	1.010	If nonresident give city or town a	nd State
-				CAL PARTIC			AL CERTIFICATE OF DEATH	
3. 3	SEX	4. COLOR OR			(write the word)	21. DATE OF DEA	February 10,	. 193 7
5a.	Male If married, widowe	Whit	e	Sin	gle		(Month) (Day)	(Year)
ou.	HUSBANO of (or) WIFE of	sa, or anoleea					EBY CERTIFY, That lattende 1935, to February	
6.	DATE OF BIRTH (month, day, and y	rear)	February	12, 1888		on February 9, 1937	; death Is said
7.	AGE Year		Months	Days 29	If LESS than I day,hrs.		ite stated above, et 9:50 31.	
	48		11		ormin.	The PRINCIPAL CAUSE Of were as follows:	F DEATH and related causes of importance	Date ol onset
Z	8. Trade, profes	sion, or particula ork done, as SPI	NNER,	Bartend		pulmonary	y tuberculosis tuberculous pneumonia	?
ATIC	9. Industry or b	ousiness in which		barteno	e r	acute	tuberculous pheumonia	1 Jan 15 3
OCCUPATION	work was	done, as SILK M L, BANK, etc	IILL,					
00	10. Date deceese this occup year)	ation (month and	.?	II. Total tir spen occup	ne (years) t in this postion			
12.	BIRTHPLACE (city	v or town)	Maryl	and		Other Contributory Causes Arterioscle	of importance: rosis, general and	-11
	(State or coun	try)					Arterio-sclerotic	
1ER	13. NAME	John Gr				brein diseas	se,	?
FATHER	14. BIRTHPLACE (State or	country)		Balto., Md	. •	Name of aperetion	exam and laboratory osis? findings Was there a	
1ER	15. MAIDEN NAM	ME !	Mary S	Sheridan			rnal causes (VIOLENCE) fill in also the follow	
15. MAIDEN NAME Mary Sheridan 16. BIRTHPLACE (city or town) Maryland (State or country)				yland		Accident, suicide, or homic	ride?NQ Date of Injury	, 19
(State or country)						Where did injury occur?	(Specify city nr town, county and S	tate)
	(Address)	Tin Deco	oratin	riffith (Griffin)	3.7	urred in INDÚSTRY, In HOME, or In PÚBLIC I	PLACE.
18.	BURIAL, CREMATI			east I/	3 ,1937			
	Place	Mary		AMARIE Q.Y. (192.			
19.	UNOERTAKER (Address)	7.4.	Man	me V	Don		n any way related to occupation of deceased?_	No
	I-0	12/4	5	D- On	0/100	(Signed)	1 . Ula, V	M. D.
20.	FILED JAK		ra	arekall.	Registrar.		pring Grove Hospital,	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		E / E / F / F / F / F / F / F / F / F /	
		Fr	

V. S. No. 1

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	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT ACORD. Every item of infor-	ould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	F DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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1	tem	sho	0 4	
	ry ii	Z	nt o	
	Evel	HAI	eme	
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7	1	ould	maj	back
2	INK	Sh	t it	on
7	DN	AGE	tha	ons
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MARGIN RESERVED FOR DINDING	E	ılly	plai	ery important. See instructions on back of certificate.
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	939
County Jan I tome	Registration Dist. No. 30
Village or City Calginulle	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the hospital of institution, give its 14/AVIE instead of street and number) 3 - ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Towns Grill	If U. S. Veteran, specify WAR
(a) Residence: No. 30 26 Mc Edlessy (Usual place of abode)	St., Ward. Baltimore, Md- If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED swrite the word)	21. DATE OF DEATH 2 5 193 Y (Month) (Day) (Yeer)
5e. If married, widowed or divorced HUSBAND of (or) WIFE of Corp. WIFE o	22. I HEREBY CERTIFY, Thet attended deceased from Feb. 14, 1937, to Feb. 25, 1937
6. DATE OF BIR(H/month, day, end yeer) 6-15-1858	I lest saw have elive on Feb 25 , 1957; death is said
7. AGE Years Months Days If LESS then	to heve occurred on the dete steted above, at 12 of P.m.
78 8 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Salant Maker	che hy ocaslity but
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	J
10. Dete deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Caustusia (State or country)	Other Contributory Causes of importence Contributory Causes of C
13. NAME agukyous :	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of Was there an eutopsy?
15. MAIDEN NAME renformation	23. If deeth wes due to external ceuses (VIOL ENCE) fill In elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or coughty)	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT The C. South Comments (Address) 41 10 South Comments	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIece 1 - a ly Colombia Date 3/1/37, 19	Manner of Injury
19. UNDERTAKER ROSS 1- Colonel P.A.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Feb 25, 1937 Marshall B Wish Registrat.	(Signed) Marshall B West M.D. (Address) Calonwelle Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MAR 2 1987				
Other contributory causes of importance: 5.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PLACE OF Jo should County Registration Dist. No. item (If death occurred in a hospital or institution, give the NAME instead of street and number) Length of residence in city or town where deeth occurred How long in U.S. if of foreign birth? PHYSICIAN If U. S. Veteran, specify WAR. Ward. If nonresident give city or town and State (Usual place of Abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH ON DIYORCED (wate the word) cus (Month) 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year 7. AGE Months Days If LESS than 1 day,hrs The PRINCIPAL CAUSE OF DEATH and ralated ceuses of importence or____min. 8. Trade, profession, or particuler kind of work done, es SPINNER, OCCUPATION SAWYER, BOOKKEEPER, atc. ndustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... back may 10. Date deceased last worked at 11. Total time (yaars) On this occupation (month and spent in this occupation. instructions Other Contributory Causes of Importanca: 12. BfRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? OTHER important. 15. MAIDEN NAME 23. If death was due to external ceuses (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?_______ Date of injury_______ 19 DEATH 16. BIRTHPLACE (city or town) (State on country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, pinous (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury LION Nature of Injury 24. Was disease or injury in any wey related to occupation of daceased (Address) If so, spacify Registrar. (Address)

RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

(Day)

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis Chronic interstitial nephritis Carebral howershape	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 2 1997	July 5,1927	Peritonitis	3 days ago	
PUBLICULA				
Other contributory causes of importance:	H)	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	DDITIONAL	NAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIA
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3

Riefer

Recharden

BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
I UNFADING INK-THIS IS A PERMA	supplied. AGE should be stated EXA	in terms, so that it may be properly class	TION is very important. See instructions on back of certificate.
B.—WRITE PLAINLY, W.	mation should be carefully	CAUSE OF DEATH in plai	TION is very important. S

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1399
1. PLACE OF DEATH	82-6/
County Lalleuro	Registration Dist. No. 31
Village or City tarressant (If	No. St., Ware death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred 32 yrs	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME John At Hayes	If U. S. Veteran, specify WAR
(a) Residence: No. Home (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of awara Haye	22. I HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH (month, day, and year) Offic. 25/852 AGE Years Months Days If LESS than	last saw h alive on 193 deeth is sai
84 9 9 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Totel time (years)	Ceretral humorshy
work wes done, as SILK MILL, SAW MILL, BANK, etc.	Categoria
10. Date deceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town) Balture (State or country)	Other Contributory Causes of importance:
13. NAME John Hayes 14. BIRTHPLACE (city or town) Luckers (State or country)	Monches freum ma 2-1-
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diegnosis? Was there an autopsy? A
15. MAIDEN NAME Les. Homoard	
16. BIRTHPLACE (city or town Country)	23. If deeth was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
7. INFORMAN May I has Hayes (Address) Land all the mil	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION OF REMOVAL Place 1 Date Feb 3 - 1937	Manner of injury
9. UNDERTAKER 1003 W Ballo 57 Balioms	24. Was disease or injury in any way related to occupation of deceased?
0. FILED feb 3 1937 Wm & martin Registrar.	(Signed) Martin M. (Address) Candallston, Me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago DUNCAU Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

Z

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46.A)
County Ballings	Registration Dist. No. 44 2
Village or City Halethorks	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Charles Henry W.	January 100 Maria 100 Mari
(a) Residence: No. Resh ave.	TSLINGE Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Marie Married	21. DATE OF DEATH Holy 25- (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Margaret Kraus	22. HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Mch 27-1861	1 light saw harma alive on 7 - la 24 , 1937; daath is seid
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or parlicular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinoma goesophogus L.
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data decaased last worked at this coveration (most) and this coveration (most) and this coveration (most) and this coveration (most) and the same of the sam	& obstruction of occuploque
this occupation (month and year) spant in this occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Jally City (State or country)	Myo cardial charle 1937
14. BIRTHPLACE (city or town).	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of What test confirmed diagnosis? X Ray Was there an autonsy?
15. MAIDEN NAME Mary Lenn.	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Teny 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of injury, 19
17. INFORMANT Mars Margaret Heits (with (Address))	Whera did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVED Place Feb 27, 1937	Manner of injury
19. UNOERTAKER Mary Stary (Address) Ellicott Eite	24. Was disease or injury in any way ralated to occupation of deceased?
20. FILED Tell 25, 19 37 Se Keeffer Registrar.	(Signad) BBrundaugh M. D. (Address) Ellaridge Mod
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

İ	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ogo
July 5,1927	Peritonitis	3 days ogo
	Other contributory causes of importance:	
May 1,1923	Gastroentcritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	j	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis MAR 2 1027	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MINSALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9000
County Ballo	Registration Dist. No. 33
Village or City Rustustour	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Faura L Menteles	If U. S. Veteran, specify WAR
(a) Residence: No. 63 Human PS (Usual place of abode)	St., Ward. ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Finale 1. Lucia 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) If Joseph ("write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of I Wisley Henkle	22. HEREBY CERTIFY that lattended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 14 1961	I last saw h 4 . alive on
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at
76 22 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	17.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Myocardina Oprime
9. Industry or business in which work was done, as SILK MILL, Housevile SAW MILL, BANK, etc.	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) 2 alla City	1a ossippe 1/2/3
(State or country)	Juliania /
13. NAME Claux. F. Wardell	
13. NAME Claux. F. Wardell 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Catturing, Wibbert	23. If death was due to externel causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specily city or town, county and State)
17. INFORMANT Mis arme Jameson (Address) Pushestown md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OS REMOVAL Place Mt Silead Date Fil. 5 1937	Menner of injury
Place Dete Dete 1951	Nature of injury
19. UNDERTAKER J. F. Ellene o fors (Address) Prestestin mp	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILEO. 716 4 1937 Frank rue Registrar.	(Signed) (Signed) M. O. (Address) Restumbing my
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CEDTICIOATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 1 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			-1	

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Dellimere	Registration Dist. No. 938
Village or City_LUDOWOOD_SANATURIUM, 10 17 2011	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?
2. FULL NAME Edward Hudson Holl	and If U.S. Veteran specify WAR. 20
(a) Residence: No. 304 Whitridge or	St., Ward. Ballium.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
mai white married word)	(Month) (Oay) (Yaat)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Naunil C. Holland.	1 HEREBY CERTIFY, That I attended deceased from
Fel 28 1872	Mast saw h Lum alive on Felinary // 1937 death is said
6. DATE OF BIRTH (month, day, and year) + + + + + + + + + + + + + + + + + + +	Mast saw h
63 11 14 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (programmer)	Pulyunay Tubua Com James
9, Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	1930
10. Oate deceased last worked at this occupation (planting during 1933) 11. Total time (years) spent in this occupation / 6	
12. BIRTHPLACE (city or town) Baltiman	Other Contributory Causes of importance:
(State or country) Yhanglend.	
I TO THE TAX TO THE TA	Name of operation. WW Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? X Range Was there an autopsy? W
15. MAIDEN NAME Mary Blumpaes.	23. If death was due to external causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury, 19
(0.000)	Where did injury occur?
Personal History Hospital Record 17. INFORMANT (Addres Eudowood Sanatorium, Towson, Md	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CRAMATION OR REMOVAL Place IN COMPANY Deta Hely 15- 1937	Manner of injury
19. UNDERTAKER Norace 4 Jurgel 1	24. Was disease or injury in any way related to occupation of deceased?

If more blanks fre needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

B.-WRITE PLANLY,

PHYSICIANS should state Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

H UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

ECORD. Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	
	May 1,1925	dustroenteruts	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------------	------------	----	-----------

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14	05
1. PLACE OF DEATH	130	_
County Saltimore	Registration Dist. No. 23	
Village or City Freefand, R. D.	NoSt.,St.	Ward
	ds. How long in U.S. iI of foreign birth?yrsmo	
2. FULL NAME Sarah Frances Holling	gshead If U. S. Veteran, specify WAR	
(a) Residence: No. Freeland, and k	Ost., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR BACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Temale White OR DIVORCED (write the word)	7.11. 70	193
5e. II married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, Thet I attended of	
7 0,67 7	2 .0	ر _ جِمد 19
6. DATE OF BIRTH (month, dey, and yeer) farmary 1, 18	to have occurred on the date steted above, et 8 130 Rm.	; death is seid
/ 0 / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence	
8. Trade, profession, or particular	were es Iollows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Touse heefser.	Messa	7.06.18,173
9. Industry or business In which work wes done, as SILK MILL,		
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et this occupation (month end la 10.24) spent in this 4.5		
yeer) December/936 occupation	Other Contributary Causes of Importance:	
12. BIRTHPLACE (city or town) Parmervelle		
(State or country)	- Chronis lightrulis	
13. NAME Littler A itchcock 14. BIRTHPLACE (city or town) Starfford Co.		
14. BIRTHPLACE (city or town) Startford Co. (State or country)	Neme of operation	/44
	Whet test confirmed diegnosis?	
E	23. II deeth wes due to externel ceuses (VIOLENCE) fill in elso the Tollowing: Accident, suicide, or homicide?	
Stete or country)	Where did injury occur?	, 14
17. INFORMANT MAA. C. C. Cichoff. (Address) Freeland And. TR. D.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18 BURIAL CHEMATION OF REMOVALY	Manner of Injury	
Place west Liberty, and Dat felemory 24, 1937.		
19. UNDERTAKER Land II Hardonslein	24. Wes disease or injury in any wey releted to occupation of deceesed?	Live
(Address) New Frieldom, Fa.	Il so, specify	
20. FILED TER 23 , 1937 samuel XIII late Registrar.	(Signed) Parlitore und	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory course of importance			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
--	------------	-------	-----	----------------	------------	----	----------	---

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPAof infor-1. PLACE OF DEATH should Village or City of (If death occurred in a hospital oranstitution, give its NAME instead of street and number) How long in U.S. If of foreign birth? vrs. mos. ds. PHYSICIANS Length of residence in city of town where death occurred statement 2. FULL NAME CORD. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS

5. SINGLE, MARRIED, WIDOWED DIVORCED (write the word) larried

11. Total time (years)

spant in this

occupation _____

Davs

If LESS than

or____min.

		If nonreside	ent giv	e city	or to	WB
	MEDICAL CE	RTIFICA	TE C	OF I	DEA	TH
-					-	

Registration Dist. No.

21. DATE OF DEAT	THOUSE	5-	. 193 7
	(Month)	(Day)	(year)
1 HERE 1 Jan 26	BY CERTII	That I attend	ed deceased from
I last saw h 22 alive o			.2.; daath is said
The PRINCIPAL CAUSE OF were as follows:	DEATH and ralated ca	uses of Importance	Data of onset
	1		

were as follows:	/	Data of onset
Celebral ?	geno who	2 /26/3
(Refl De	sed aprile	fy)
	/ /	
Other Contributors Conser of	importance:	

Other Contributary Causes of imp	portance:	
Ly 4 Kerlinses	leroseo	
dellerio &c	lerosco	
Name of operation	- Date of	

What test	confirmed	diegnosis?	ngo.	+ mo	long	₽ Was th	ere an auto	psy?
23. If death	was due t	o axtarnel	causes (VIOL ENCE	fill in e	iso the f	ollowing:	

Accidant, suicide,	or homicide?	Date of injury	., 19
Whara did injury	occur?(Specify sity of	tour county and State)	

Spacify whether Injury occurred I	(Specify city or town, county and State) In INDUSTRY, in HOME, or In PUBLIC PLACE.	
	•	

Neture of Inju	гу		
24. Wes diseas	e or injury in any way	related to occupation	of deceased? 200
14			(

o, specify	
(Signed)	mel of ll. Thra. Jemper M.
(Address)	Lagrang. on !

Exact classified. M certificate. properly Jo back may should that instructions supplied. in plain terms, See carefully important. OF DEATH pe plnods very AUSE nation

FOR BINDING

MARGIN RESERVED

3 SRX

7. AGE

OCCUPATION

FATHER

MOTHER

17. INFORMAN

HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

8. Trade, profession, or particular

9. Industry or business in which

12. BIRTHPLACE (city or town

15. MAIDEN NAME

(Address)

(State or country)

14. BIRTHPLACE (city or town) (State or country,

16. BIRTHPLACE (city or town) (State or country)

kind of work done, as SPINNER.

SAWYER, BOOKKEEPER, etc.

work was done, as SILK MILL, SAW MILL, BANK, atc..... 1D. Date deceesed last worked at

this occupation (month and

f more Vlanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requessing U. S. No. 1.

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			- Marin	

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Baltemore	Registration Dist. No. 42
Village or City Halathorke	NoSt., Ward
()(death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 1.7yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ella Crosa h	toppine
(a) Residence: No. Jenden A Porton	- Start
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DAVORCED (purite the word)	21. DATE OF DEATH TO 1
remal while widowed	(Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That I attended daceased from
(or) WIFE of Heavy Cong No press	Tele 1 1927 to Feb 1 1937
6. DATE OF BIRTH (month, day, and year) 21 - 1859	I last saw han alive on 7 last saw han alive on 7 last said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 10
77 2 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	1) H. L. L.
9. Industry or business in which	A. D. Coard - DA - D
work was done, as SILK MILL A SAW MILL, BANK, etc.	They bear they bear they
10. Date deceased last worked at this occupation (month end spent in this	
year) 935 occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Baltman Cty	arterial Hypertens
(State or country)	Semilated 1930
13. NAME for Control Crock. 14. BIRTHPLACE (city or town) Crock.	
4. BIRTHPLACE (city of town) Zunkerown	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME SOLA for Torcless 16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Phune Teore G	Accident, sulcide, or homicide? Data of injury 19
S (State or country)	Where did injury occur?
17. INFORMANT Miss Edna chem Hopke	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Halethorke Wd.	
18. BURIAL CREMATION OR REMOVAL	Manner of injury
Placa Willellowle-Manate 180. 4, 193/	Nature of Injury
10 HADESTAVES () MY () STAVEL OF SMA	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
Jehn 22 81. 25 -01	(Signed) BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB
20. FILED Registrar.	(Address) Slb And Mal
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		255 G WW		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	(Fastroenteritis	1 year	

V. S. No. 1

П	/ 1	1408		
1	PLACE OF DEATH, County Dallmore	STATE OF MARYLAND CERTIFICATE OF DEATH		
	1 Cator	Registration Dist. No. 4		
	Village or City (INVNEVS) STORESTON	1/1 for stead of street and		
	2FULL NAME JUWE STEEM	number.)		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH. 4, 1937. (Month) (Day) (Year)		
	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 7 - 1934. to 2 - 4 - , 1937, that I last saw h & alive on 2 - 4 - , 1937,		
-	7 AGE Howard Control of the control	and that death occurred on the date stated above, at		
1	8 OCCUPATION (a) Trade, profession or particular kind of work	- Carring		
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.		
	9 BIRTHPLACE (State or country) Balto, Mel.	Contributory Secondary Les . Stemach + (Duration) yrs. 2 mos. ds.		
	10 NAME OF Thomas J. Lease	(Signed) Sca Smarcf M.D. 2-5-1986 (Address) Sod Smarcf		
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
	OF MOTHER UNKNOWN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
Annual or particular	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place In the of death yrs		
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence		
	(Address) Sunce Station	19 PORCE OF BURIAL OR REMOVAL DATE OF BURIAL STOLL 8, 1937		
4	15 Filed 2/6/3 792 & Molarmane Registrar	20 UNDERTAKER ADDRESS 2016 Philip Herry Sons Orleans		
	If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Baltor Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more present above, etc. Wom-laborer, Form laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (o) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housenuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Engineer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Foreman, (b) Automobile factory. The materia For many occupations a single word or term on yrs). For persons who have no occupation Architect, Salesman. (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Spinal meningitis"); Diphtheria avoid Pneumonia"); Lobar pneumonia, Bronchopneumonio ("Pneumonia,"

> as fracture of skull, and consequences (e. g., sepsis (Recommendations on statement of cause of approved by telanus) may be stated under the head of "contributory." acrident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. carbolic acid-probably suicide. The n ture of the injury. or as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association.) Examples: Accidental drowning; Struck by railwoy trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Meosles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, cough; " "Marasmus," "Old Age," "Shock," Committee on Nomenclature Chronic volvular heort diseose; Carcinoma, Sorcoma, etc., of etc. The contributory

"If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

-WRITE PL

ż

V. S. No. 1

1. PLACE OF DEATH						(191)	-
County Baltimore						Registration Dist. No.	0
	Village or City Catonsville					No. Spring Apove State HospitalSt., death occurred in a horpital or institution, give its NAME instead of street a	Ward
	Length of reside	ence In cit	y or town where	death occurred	4 yrs. 10 mos	death occurred in a hospital or institution, give its NAME instead of street in a hospital or institution, give its NAME instead of street in a hospital or institution, give its NAME instead of street in a hospital or institution, give its NAME instead of street in a hospital or institution, give its NAME instead of street in a hospital or institution, give its NAME instead of street in a hospital or institution, give its NAME instead of street in a hospital or institution, give its NAME instead of street in a hospital or institution, give its NAME instead of street in a hospital or institution, give its NAME instead of street in a hospital or institution.	mosds.
2	. FULL NAM	IE S	ylvelia	Ноу.		If U. S. Veleran, specify WAR	
	(a) Residence	e: No	Annapoli	S. Md RF	of abode)	St., Ward. If nonresident give city or town	and State
-				ICAL PART		MEDICAL CERTIFICATE OF DEATI	
3.	Sex Female		R OR RACE	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH February 8th (Month) (Day)	, 193 (Year)
5a.	If married, widowe HUSBANO of (or) WIFE of		read her Hoy			22. HEREBY CERTIFY, That etten	
				The state of the state of		Mar 24th 19.32 to Feb 8th	
	DATE OF BIRTH (n AGE Yaars		, and year) Months	8-1-58 Days	If LESS than	to have occurred on the date stated above, at 10:45 mall	△ /_; deeth is said
1	AGE (dats	7B			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance	
-	9 Trada profess	-	5	8	ormin.	wara as follows:	Oate of onset
OCCUPATION	8. Trada, profassion, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife				fe	Arteriosclerosis	P.ior-
	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.						7 04 70
000	10. Date daceased last worked at this occupation (month and year) 1232 ccupation Life						
			- 14.2			Other Contributory Causes of Importance:	Prior t
12.	BIRTHPLACE (city (State or count		Miss	ouri		Chronic myocarditis Chronic naphritis	
2	13. NAME	Bas				JACHIO MERULIELE	4-01-01-01
FATHER	14. BIRTHPLACE (State or c				~~~~	Neme of operation	of
	(State or c	ountry)		Missour		What test confirmed diagnosis 1 3 1 2 1 Exam. Was there	en autopsy?NO
HER	15. MAIDEN NAM	E A	melia Si	bley		23. If death was due to external causes (VIOLENCE) fill in also tha follo	
MOTHER	16. BIRTHPLACE (wn) Misso			Accident, suicide, or homlcide?	, 19
17.	INFORMANT SI	oring	Grove S	tate Hosp	ital reco	(Specify city or town, county and	State); PLACE,
(Address) Catousville, Ned.					Manner of injury Note		
	Place There	7	VINO O	Date 2	15- 19.35	Nature of Injury.	
19	. UNDERTAKER (The	my Tr	m Z	sofretal.	24. Was disease or injury in any way releted to occupetion of deceased	
	(Address)		-	16-1	1. 1	If so, specify (Signed) Chap A. Actaured	
20	FILEO -	j, 1	19 7	Hu	Registrar.	(Address) Spring Grave State Ha	M. D.

If more blanks a hoper, Eddress State Registrar, 2411 N. Charles Street, Baltimore, Requesting TOS. Nat is 100, 100,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 2 1937	July 5, 1927	Peritonitis	3 days ago	
AUGEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

County_E	altimore			Registration Dist. No. 40	5
/	city Glenarm			No Harford Rd. nr. Sweathouse Ro	d . Ward
Length of re	sidence in city or town where	death occurred	9 yrs mos	death occurred in a hospitalor institution, give its NAME instead of street and r	number) osds
	ME Anna A.			If U. S. Veteran, specify WAR	
	ence: No. Harford			e Rd. Ward.	••••••••
		(Usual place	of abode)	If nonresident give city or town and	State
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
Female	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word) DW ed	21. DATE OF DEATH February 2nd, (Month) (Day)	, 193 7 (Year)
5a. If married, wide HUSBAND of (or) WIFE of	Albert F.	Hutsche	enreuter	22. I HEREBY CERTIFY, That I attended	
S. DATE OF BIRTI	(month, day, end year) S	ept. 3.	1864	I last saw h elive on19	
	Months 72 4	Days 29	If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, at 7 & 30 Am. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onac
9. Industry or work w SAW M	lession, or particular work done, as SPINNER, R, BOOKKEEPER, etc business in which as done, as SILK MILL, ILL, BANK, etc	11. Total t	ime (years)	Cerebral Hammonhage	jdoi
	city or town)	occ	upation	Other Contributory Causes of importance:	7 10
	ugust Blie			Hyperton Carlain Missas	6/4
	ce (city or town)	ny		Neme of operation Date of What test confirmed diagnosis? Was there an e	ulopsy?
	AME Unknown E (city or town) or country) Germ			23. If death wes due to external ceuses (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT (Address)	Mr. Herman J Glenarm,	. Hutsch	nenreuter	10 11 1	e) ACE.
	on Luth.Cem.	Dete Feb	5 ch 19 37	Menner of Injury	
19. UNDERTAKER (Address)	7401 Bela 1	r Road	mith	24. Wes disease or injury in eny way related to occupation of deceased? If so, specify (Signed)	Им.

UNFADING INK-THIS IS A PERMANENT TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLA

CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

FOR BINDING

MARGIN RESERVED

properly classified.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. D.			
Other contributory causes of importance:	9-39	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1411
1. PLACE OF DEATH	(51-G)
County Baltimore	Registration Dist. No.
Village or City English louse	No. Sumapolis Rol St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. II of foreign birth?
2. FULL NAME (1) heart I have on	
(a) Residence: No. Januarolis Rol (Gual place of abode)	English Council No Was Record
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word)	21. DATE OF DEATH Ash 9 1937
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND OF Ida M Iduson	22. I HEREBY CERTIFY. Thet I attended deceased from
0 1 1	I last saw have alive on 19.5 7 19.3 7 death is said
6. DATE OF BIRTH (month, day, and year) 29 872 7. AGE Years Months Oays (LESS than	to have occurred on the date stated above, atm
64 4 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	Lever of Bladder Get
SAWYER, BOOKKEEPER, etc. Sheet Metal Works	Dayd Refune 1936.
kind of work done, as SPINNER, Sheet Metal Work SAWYER, BOOKKEEPER, etc. Sheet Metal Work was done, es SILK Mill. SAW MILL, BANK, etc. Sheet SAW MILL, BANK, etc. SAW MILL, Etc. SAW MILL, Et	Operation 12 1935
this occupation (month and year)	D
12. BIRTHPLACE (city or town) Baltimore	Other Contributory Causes of importance:
(State or country) Maryland	
13. NAME Celbert S. Jayou	
14. BIRTHPLACE (city or town). Dating	Name of operation Langer of Polaulder Date of Bot 1985
(State of Country)	What test confirmed diagnosis? Chamers. Was there en eulopsy? NO
# 15. MAIDEN NAME hule Berry	23. If death wes due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Ula Quelle	Accident, sulcide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AGNALI G ILLASTICO ST. (Address) 1514 ILLASTICO ST.	Specily whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Battimore oate 132 1937	Nature of Injury
19. UNDERTAKER William leook (Addiess) 1219 St Para 1	24. Wes disease or injury in any way related to occupation of deceased?
20, FILEO Jels. 10, 19.3.7 Me Ankieffe	(Signed) P. O. Flerence M. D. (Address) 2208 Balliers Herry R.J.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year
		For KI.	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	- B
County Ballo	Registration Dist. No. 33
n. 0, +n, 1	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U. S. If of foreign birth?yrsmosds.
(a) Residence: No. January (Vousiplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (agric the word) Male Loloud Single	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. CHERERY CERTIFY That attended deceased from 1937 to 10 10 10 10 1937
6. DATE OF BIRTH (month, day, and year) May 2/1920	I last saw a live on, 19,5 ; death is said
7. AGE Years Months Days If LESS that 1 day,	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pericaditation Blue
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and yaar) 11. Total time (years) spent in this occupation	Out Inflowed Rhund Sugar of
12. BIRTHPLACE (city or town) Bulto Co (State or country)	Other Contributory Casses of Importance:
13. NAME James H. Johnson	
14. BIRTHPLACE (city or town) - Ho harles to	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Maggie Thompson 16. BIRTHPLACE (city or town) (State or country) Selection Lity	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT James J. John Jon (Address Rustustayin md	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place St Super Oate Feb 16, 19	Manner of injury
19. UNDERTAKER J. F. Cline & Sons (Address) Bustistown Mag	24. Was disease or injury in any way related to occupation of deceased? 240 If so, specify (Signed) 1 244 M. D. M. D.
20. FILEO + 15. 19.37 Thus decay	(Address)

V. S. No. 1

WRITE PLA

item of inforshould state

RECORD. Every in PHYSICIANS

IS A PERMANENT'R stated EXACTLY.

UNFADING INK-THIS

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

BINDING

FOR

MARGIN RESERVED

properly classified.

Exact statement of OCCUPA-

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 5 1931	July 5,1927	Peritonitis	3 days ago
THE WEAU Y. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY	PHYSICIAN
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pluods PHYSICIANS ECORD. Exact O may on that plain efully important DEATH plnods OF SE

MARGIN RESERVED

19. UNDERTAKER (Address)

1. PLACE OF DEATH County Baltimore Mt. Wilson Village or City Length of residence in city or town whera death occurred___ Genevieve T. 2. FULL NAME Jones 614 Bartlett Ave. PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Female White Single 5a. If married, widowed, or divorced HUSBAND of Single (or) WIFE of 6. DATE OF BIRTH (month, day, and year) November 30, 1901 7. AGE Years Months II LESS than Days 77 8. Trada, profession, or particuler CUPATION kind of work done, as SPINNER, Stenographer SAWYER, BOOKKEEPER, etc ... 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc...... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupetion __ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Jones Unknown 14. BIRTHPLACE (city or town) (State or country) MOTHER Sarah Burgess 15. MAIDEN NAME Burke County 16. BIRTHPLACE (city or town) North Carolina (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL

Registration Dist. No. on Wilson Branch Md. rculosis Sanatoriumst. (If death occurred in a hospital or institution, give its NAME instead of street and number) 3 vrs. 8 mos. 16 ds. How long in U.S. il of loreign birth? vrs. mos. ds. If U. S. Veteran, specify WAR. MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH I HEREBY CERTIFY. That I attended decaasad from 1933 to Feb 16th 1937. I last saw h.er. alive on Feb. 16th, 1937; daath is said to have occurred on the date stated above, at 5.50 The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset Pulmonary tuberculosis Other Contributory Causes of Importance: Pulmonary Hemorrhage Feb. Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE Menner of injury Nature of injury 24. Was disease or injuryin any way related to occupation of deceased? If so, specify (Signed)

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		19 19 10 A	7
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	17.00		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state

PHYSICIANS ECORD. Every

Exact statement of OCCUPA.

B.—WRITE PLAINLY,

V. S. No. 1

certificate.

See instructions on back of

is very important.

1.	PLACE OF				(81-O)	# Z
	County	Baltimore			Registration Dist. No. 4.3	
	Village or C	ity Raspeburg	·		No. Hazelwood & McCormick Aves St.,	Ward
	Length of resi	dence in city or town where de	ath occurred		death occurred in a horpital or institution, give its NAME instead of street and n	
2	FULL NAI	Tahn	Thomas J			
Z.		ce: No. Hazelwood		nick Aves.	Raspeburg, Balto. Co., Md. St., Ward. If nonresident give city or town and	State
	PERSON	AL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	District Control
3. SE			S. SINGLE, MARI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH February 26th (Month) (Day)	, 193.7 (Year)
5a. i	f married, widow HUSBAND of (or) WIFE of	ed, or divorced Mary Elizabet	th Baker		22. I HEREBY CERTIFY, That i attended December 9th ,1936 ,to Feb. 26,	deceased from
6 D	ATE OF RIRTH	month, day, and year) Que	212/27	1858	Hast saw h im aliva on Feb. 25th 19 3	; death is sald
7. AC			Days	If LESS than	to have occurred on the date stated above, at 8:25P · m.	
	78			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	1000
-1	8. Trada, profes	ssion, or particular			****	Date of onset
OCCUPATION	SAWYER,	DUUNNEEPER, etc	Laborer		Cerebral Hemorrhage	Dec .9th
PA	work was	business in which s done, as SILK MILL,				1936 Feb
	1	L, BANK, etced iast worked at	11 Total ti	me (years)	Second hemorrhage	
ŏþ	this occu	pation (month and	spar	ntin this		22rd
12. I	BIRTHPLACE (ci	ty or town) Anne Art	undel Co		Other Contributory Causes of Importance:	1937
2	13. NAME	Charles H. Jone	es			
FATHER	14 DIDTUDI ACC	(city or town) Prince	e George	's Co.,	Name of operation Data of	
1		' '	arvland		What tast confirmed diagnosis? Was there an a	utopsy?_No_
HER	15. MAIDEN NA	ME Mary Jane	Bassford		23. If death was dua to external causes (VIOL ENCE) fill In also the following	
01	16. BIRTHPLACE	(city or town) Charle	s County		Accident, suicide, or homicide?	, 19
2			yland	77/	Whera did injury occur? (Specify city or town, county and Stat	e)
17. i	NFORMANT	Mrs. Edward Jo Hazelwood & Mc		Aves.	Specify whether injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PL	ACE.
18. E	BURIAL, CREMAT	TON, OR REMOVAL	- 70	20 37	Manner of injury	
	Placa.V.ou	July VI Ceron	_Date_/_A	5. <u>2. 1 ,</u> 19 <u>2 J</u>	Natura of mjury	
19. L	MDERTAKER (Address)	Tredla Lago	iahan ,	+ for	24. Was disease or injury in any way related to occupation of deceased?	No
	(1001033)	12 12 6	7 T.	t mag	(Signed) Q. L. Milleur	LOW M. D.
20. F	ILED Lef of	, 193/ 2, 6	C. Tw	Registrar.	(Address) 5718 Belair Wilkinson,	

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
--

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1416
1. PLACE OF DEATH	(4)
County Beltimore	Registration Dist. No. 42
2	210:4
Village or City (If	death occurred in a hornital or institution, give its NAME instead of street and number)
Langth of rasidance In city or town whare death occurradyrsmos	2.3.ds. Howlong in U.S. If of foreign birth?
2. FULL NAME Robert Kain	If U. S. Veteran, specify WAR
(a) Residence: No. 10/5 Dinging Div. (Us(a) place of abode)	St., Ward. Instrustury IS In Norresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
In like OR DEVORCED (write the word)	February // - 1937
5a. if married, widowad, or divorced	(Month) (Day) (Yéar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
2 1 2	19=,1937, to the /1=,1937
6. DATE OF BIRTH (month, day, and year Chril 2, 1872	I last saw h alive on death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
\$ 64 16 9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
Z 8. Trada, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SII K MII I	CN & low pouris 1926
9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	2. 2. 2. 2.
10. Date decaased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) 2 Unknown	Othar Contributory Causes of Importance:
(Stata or country)	1-1 2/10/72
13. NAME YOUNG 1/- (CALCA)	- Managar
13. NAME 14. BIRTHPLACE (city or town) 15. Carrier 16. Carrier 17. Carrier 18. NAME	N
14. BIRTHPLACE (city or town) (Steta or country)	Neme of operation Date of Date
15. MAIDEN NAME Barbara Koller	What test confirmed diagnosis? Wes there an autopsy? Alt.
I DI	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicide?
Wasnit- 1. Bocardi	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass)	Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Internal
Place Martinsburgh W. Vapete Lel. 12 1937	Menner of Injury
4-01	Nature of Injury.
19. UNDERTAKER J. Vernon Jackson. (Addrass) 330/ Edmondson AVC/	24. Was disease or Injury In any way releted to occupation of deceased?
(Addrass) 30/ Edmondson der /	If so, specify
20. FILED Fel. 11, 1937 Serkieffer	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause hame the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitid nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NIAR 2 1931	July 5,1927	Peritonitis	3 days ago
BUREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

HOV author atim be home	OR STATEMENTS BY PHYSICIAN -
Genty 7/2/137	
1 1000	

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE	OF DEATH			100		
County	Bal timor	e			Registration Dist. No.	30
Village or			5 (16	ND. death occurred in a hospital or institution	on, give its NAME instead of	St., Ward
			yrsmos	ds. How long in U.S. if of	foreign birth?yrs.	ds.
2. FULL N	AME Henry Ka	iser		If U.S. Veteran apec	cify WAR	
(a) Reside	ence: No.	(Usual place	of abode)	St., Ward.	If nonresident give city o	r town and State
PERSO	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CE	RTIFICATE OF D	EATH
Male Male	4. COLOR OR RACE White	5. SINGLE, MAI OR DIVORCI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	(Month) (Day)	, 193 7 (Year)
5a, If married, wide HUSBAND of (or) WIFE of	owed, or divorced Late Elizab	eth Kai	ser	22. I HEREBY	CERTIFY, That	lettended deceased from
6. DATE OF BIRTH	H (month, day, and year) No	v. 18,	1856.	Last saw haffive on	7-67	., 19.3.7; death is said
7. AGE Y	ears Months 2	Days 20	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEATS were as follows:		rtance Data of onset
9. Industry of work w SAW M 10. Date decenthis oci	fession, or particular f work done, es SPINNER, R R, BDDKKEPER, etc r business in which vas done, as SILK MILL, B illL, BANK, etc ased last worked at cupation (month and	ank Mes	senger time (years) ent in this cupation	a Aypira		7
12. BIRTHPLACE ((State or co	(city or town) German	y		Other Contributory Causes of Impor	Jance)	2/3/3
13. NAME	Henry	Kaiser		Julina	and the	
13. NAME 14. BIRTHPLA (State	CE (city or town) erman or country)	y		Name of aperation What test confirmed organiss?	Te + W	Date of
15. MAIDEN	NAME Unknow	n	1	23. If death was due to external caus	ses (VIOLENCE) fill In also the	he following:
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME UNKNOWN			Accident, suicide, or homicide? Where did Injury occur?			
17. INFORMANT 4614 Palmal Ave.			Specify whether injury occurred in	(Specify city or town, cou INDUSTRY, In HOME, or In	nty and State) PUBLIC PLACE.	
	ation, or removal udon Park	Date Fe	b.11/37	Manner of Injury		
19. UNDERTAKER (Address)	Farry A 4101 Edmonds	on Ave.		24. Wes disease or injury in any wa	y related to occupation of de	eceased? //
20. FILED Sel	- 10 ,1937 Mas	ulall	B. West-	(Signed) 721	mil	e and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Car

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
7			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1 27 G			1

ADDITIONALSPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state CORD. Every item of Anfor-Exact statement of OCCUPAstated EXACTLY. I UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. B.-WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

DIALE OF MARILAND—CERTIFICATE OF DEAL	STATE	OF	MARYLAND-CERTIFICATE C	F	DEATH
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2280

1. PLACE OF D	EATH			(93)	
County Bel	timore			Registration Dist. No. 30	
	Cat onsvill		(1f 3_yrs, 3_mos	No. Spring Grove St. Hosp. St., f death occurred in a hospital or institution, give its NAME instead of street and its	Ward wmber)
2. FULL NAME	Andrie	Karaluk		If U. S. Veterap, specify WAR	
(a) Residence: N		Canada St	Hosp. /4	18 St. Lowward St. Baltimore Mid. If nonresident give city or town and	
PERSONAL	AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. C	color or race white	5. SINGLE, MARK OR DIVORCED	RIED, WIDOWED, (write the word) VORCED	21. DATE OF DEATH February 5 (Month) (Day)	, f93_7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Betts				22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (mont	h dev and vear) Se	eptember 1	1. 1901	I last sew h im alive on ,19	; death is said
7. AGE Yeers 35	Months 5	Deys 4	If LESS then 1 dey,hrs. ormin.	to have occurred on the date steted above, at 11:50_M.om.o The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date ol onset
8. Trade, profession, or perticular kind of work done, es SPINNER, laborer SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, odd jobs SAW MILL, BANK, etc. fo. Dete decessed lest worked et this occupation (month and second less worked et this occupation (month and second less worked et this occupation (month and second less worked et this occupation (month and second less worked et second less worke				General Paresis before	1929
				Shock following administration of Necarsphenemine	2/5/37
12. BIRTHPLACE (city or t	own) Russ		tin this pation life	Other Contributory Causes of Importance:	-
CE 13. NAME	Mike Karalu	ık		Ceroner	-
f3. NAME 14. BIRTHPLACE (city (State or coun		ia		Neme of operation Dete of	
15. MAIDEN NAME	Stella ?			23. If death was due to externel ceuses (VIOL ENCE) fill in also the following	
15. MAIDEN NAME 16. BIRTHPLACE (city (State or coun	or town)Russ	ia		Accident, sulcide, or homicide? Date of Injury Where did injury occur?	
f7. INFORMANT	Hospital	records		(Specify city or town, eounty and Sta Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	te) ACE.
f8. BURIAL, CREMATION,	OR REMOVAL	- Date Fel	16,1937	Manner of injury	
f9. UNDERTAKER (Address)	Calorine	ele h	d	24. Wes disease or injury in any way related to occupation of deceased?	n o
20. FILED Feb 10	1937 Tu	austale 13	Registrar	(Signed) Manshall B west	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
DUNCAU V. S.			111-11-1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE O	MARYLAND—CERTIFICATE	OF	DEATH	
PATH				

1418

1. PLACE OF DEATH	- GRAD A
County Basto.	Registration Dist. No.
Village or City // Mudalstorm	No. Cugastrate Thore St., Ward death occurred in a horpital or institution, tree its NAME instead of agreet and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U. 9. If of foreign birth?yrsmosds.
2. FULL NAME Masey Knogers	
(a) Residence: No. Culubbull Ped	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDDWED	MEDICAL CERTIFICATE OF DEATH
f. W. OR DIVORCED (grite the word)	21. DATE OF DEATH 2/1/3/ (Day) 193 (Year)
5a. If married, widowed, or throised HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dula 29, 1859	i last saw h last alive on The O 1937 death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
78 5 17 f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrome My reartites 1935
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and sount in this	
year) occupation occupation	Other Cantributary Causes of Importance:
12. BfRTHPLACE (city or town)	none
(State or country)	
13. NAME 14. BIRTHPLACE (city or town)	
44. BIRTHPLACE (city or town)	Name of operation
	Whet test confirmed diegnosis? Was there an eutopsy?
16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State-or-country)	Accident, suicide, or homicide?
n. H. Rate 1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT IM Full Manufactury	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CAEMATION, OR REMOVAL	Manner of injury
Place Worlden R Date of 3/ 13/	Nature of injury
19. UNDERTAKER & Herriques & Im	24. Wes disease or injury in any way related to occupation of deceased?
(Addiess) 3rd Bwadworf.	If so, specify
20, FILED A 3 79 M M But May	(Signed) Leaw Alexander M.D.
Registrar.	(Address) 3012 Januar Ben

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
173	1		
· · ·			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1 N. B.— CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

	STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH
n	CATU			200		10.1

1410

:	1. PLACE OF	F DEAT	H			(23)	4 21 0
1	County	Balti	imore			Registration Dist, No. 3	2.
1/	Village or C	ity Mt	t. Wils	on		Mt. Wilson Branch, Md. 3. No. Tuberculosis Sanatorium,	Ward
1	Longth of soci	domas in sis		Ab	. 6 9	(If death occurred in a hospital or institution, give its NAME instead of street a los. 22 ds. How long in U.S. If of foreign birth?yrs.	nd number)
							mosds.
	2. FULL NA		Anna La			If U. S. Veteran, specify WAR	
	(a) Residen	ce: No	CI N.	DeTIIO	rd Ave.	St., Ward. Baltimore, Md. If nonresident give city or town	and State
	PERSON	IAL AND	D STATISTI		RTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX	4. COLOR	OR RACE	5. SINGLE	MARRIED, WIDOWED	21. DATE OF DEATH	
	Female	Wh	nite		orced (write the word)	February 1st,	193 7
5a.	. If married, widow HUSBAND of	ed, or divor					(Teat)
	(or) WIFE of		S	ingle		22. I HEREBY CERTIFY, That Latten April 10th, 1930 to Feb. 1st	
				- 4 17	+b 3000	Hast saw h. er. elive on Feb. 1st, 193	
	AGE Yea		Months	DE. 7		to have occurred on the date stated above, at 8.10 P. m.	J; Geath is said
		8	4	25	1 day,I	The PRINCIPAL CAUSE OF DEATH and releted causes of importence	
-		- 1	-	1 20	ormin.	were as follows:	Dete of onset
ON	8. Trede, profes kind of v SAWYER,	vork done, a BOOKKEEF	SPINNER, ER, etc.	House	work	Pulmonary tuberculosis	June
OCCUPATION	9. Industry or	business in	which	At ho	me	***************************************	1928
DO:	T10 0-4- d	s done, es SI LL, BANK, et	lc	1			
ő	this occu	pation (mon	thunknow.	n in.	otal time (years) Un spent in this occupetion Know		
-			II-aless as		occupation 3222 St. 11	Other Contributory Causes of importance:	
12	. BIRTHPLACE (ci		Unkno Germa			None	
2	13. NAME H	enry	Langen	-	r	None	
FATHER			IInkn			Name of operation No operation Determine	
FA	14. BIRTHPLACE (State or	' '	Germ			V norr and	an autopsy? NO
ER	15. MAIDEN NA	ME N	largare		sch	tubercle bacilli were found 23.1f death wes due to external causes (VIOLENCE) fill in elso the follo	
MOTHER	16. BIRTHPLACE		IInkn.			Accident, suicide, or homicide? Dete of Injury	
M		country)	Germ	any		Where did injury occur?	
17	INFORMANT	Jour	o N. sto	huga	loh -	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
1	(Address)	X	7.5%	lson.	MdQ		
18	BURIAL, CREMAT			7	11.77	Manner of injury	
-	Place	eller	1 Gues	Date	L. 4-37,19	Nature of injury	
19	UNDERTAKER	15.0	Nikke	et 1	Sow	24. Was disease or injury in any way related to occupation of deceaped?	No
_	(Address)	13000	Cione	5/6	ago.	If so, specify	
20	FILED Tel.	2, 1	.37	6.6	Mucho	(Signed) John M. July	M. D.
-			7.0		Registrar.	(Address) ML. Wilson, Md.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilcpsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis 8 1937	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

Village or City	1. PLACE OF DEATH County Dellimore	(101)
Length of residence in city or John where death occurred. Length of residence in city or John where death occurred. St. How long in U.S. if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR DA RACE S. SINCLE-MARKIED, WHOWED, OR WORCED (originals word) S. J. Ramaried, widowed, or diversed (a) Nesidence: No. Ward. Hammondont give city or town and State MEDICAL CERTIFICATE OF DEATH 22. JULI PER BY C. R. T. I.S. T. I. 1817. (North) Days 11 LESS than 1 Length of residence in city or town and State MEDICAL CERTIFICATE OF DEATH 22. JULI PER BY C. R. T. I.S. T. I. 1817. (North) Days 11 LESS than 1 Length of residence in city or town and State MEDICAL CERTIFICATE OF DEATH (Month) Days 11 LESS than 1 Length of DEATH 22. JULI PER BY C. R. T. I.S. T.		Registration Dist, No. 7
Langth of residence in city or jown where death occurred. 2. FULL NAME (a) Residence: No. (Balapice of shools) PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE S. SINLEHARRICULAR STATISTICAL PARTICULARS OR DATOCREE (orginathe word) 21. DATE OF DEATH AND STATISTICAL PARTICULARS OR DATOCREE (orginathe word) 22. (In americal, widowed, or divorced (orginathe word) 10. Date Of HIRTH (month, day, and year) 7. AGE Years Months Days 11.LESS than 1 day, hrs. SAWTER, BOOKREEFER, etc. 9. Industry for business in which it is sold to the date stated above, at the date stated above, at the securation of the date stated above, at the securation of the date stated above, at the securation of the date stated above, at the securation of the date stated above, at the securation of the date stated above, at the securation of the date stated above, at the securation of the date stated above, at the securation of the date stated above, at the securation of the date stated above, at the securation of the date stated above, at the securation of the date stated above, at the securation of the date stated above, at the securation of the date stated above, at the securation of the date stated above, at the securation of the date stated above, at the securation of the date stated above, at the securation of the date stated above, at the securation of the securation of the date stated above, at the securation of the date stated above, at the securation of the		
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and sclated causes of importance were as follows: Arteriosclerosis 1937	Date of onset	The principal cause of death and related causes importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Faly 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	<i>y</i>	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1019 Frace

STATE OF MARYLAND—CERTIFICATE OF DEATH

LCORD. Every item of infor-7. PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY.

FOR BINDING

MARGIN RESERVED

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

H UNFADING INK-THIS IS A PERMANENT

AGE should be

•	STATE OF MARTLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	220
/	County of Baltimore	Registration Dist. No. 30
/	Village or City Woodlawn	No. 2/11 Henry un Oak Cho St. Ward
	// (lf	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred	ds. How long in U.S if of foreign birth?yrsmosds.
	2. FULL NAME Riggs Clygustus Versy	Lear If U. S. Veteran, specify WAR.
	(a) Residence: No. 1/2/11 Thursday Oaks	Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Field 22 , 1937 (Month) (Day) (Year)
	5a. If married, widowad, or divorced	(month) (bul) (tul)
	HUSBAND OF Matilda Leistear	22. I HEREBY CERTIFY. That I attended deceased from +et 18 137 to +et 22 1937
ė.	6. DATE OF BIRTH (month, day, and year) Sent 7 1863	I last saw here alive on 100-2 f, 1937; death is said
cat	7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at
certificate	73 5 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
cer	1 'R Trade profession or particular	were as rollows:
Jo	SAWYER BOOKKEEPER atc. Mall wolchman	Cerebral Chaplosey 7eb
back	The same and the s	7 11 18
		1937
on		/
Su	year)	Other Contributary Causes of importance:
ctic	12. BIRTHPLACE (city or town) diston	f fx
instructions	(Stata or country) Maryland,	Jewley
ins	13. NAME alexander Leishear	
See	14. BIRTHPLACE (city or town) Howard County	Name of operation Date of
S	(orace of country) There year	What test confirmed diagnosis? - Duysee . F. Was thara any autopsy? . M.
nt.	15. MAIDEN NAME Marcella Marfield 16. BIRTHPLACE (city or town). Author of County	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:
important.	5 16. BIRTHPLACE (city or town) / Lougard // Count	Accident, suicide, or homicide?Date of injury, 19,
100	E (State or country) many land	Where did injury occur? (Specify city or town, county and State)
very in	17. INFORMANT Mr. William Leisheas	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Ve	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
90	Placa Lorretine Cem. pateFeb. 244 ,1937	- Natura of injury
TION	19. UNDERTAKER DE DE LA CONTROL (Address) 1003 M. Baltingo St.	24. Was diseasa or injury in any way related to occupation of deceased?
	(Address) 1003 N. Baltinore St.	(Signed) Jashue T. Williams M. D.
	20. FILEO. 19. Registrar.	(Signed), 4 (Address) II and I arm Ma
		, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	-, more-clauses are speaker, andress place (cgistrar,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 2 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	E
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	STATE	OF MAF	RYLAND	-CERTIFIC	ATE	OF	DEATH	
ACE OF	DEATH Jeografia				(131)			

1. PLACE OF DEATH	(13)
County / Dælemane	Registration Dist. No. 4
Village or City Have to the	No. Seema Go.
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	osds. How long In U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Studered d. Legh	
(a) Residence: No. Selma leve - Hullings	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Cert)
5e. If merried, widowed, or divorced HUSBAND of	yrosi)
(or) WIFE of Marghant h	22. Jeh / HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, dey, end year) July 26, 1862	19 / to
7. AGE Yeers Months leys If LESS then	I last saw h. elive on
74 5 3/ I day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance
& Trede, profession, or particular	were es follows:
kind of work dona, as SPINNER, Morekeeper, SAWYER, BOOKKEEPER, etc.	hestrales with orange ?
< 9. Industry or business in which	
SAW MILL, BANK, etc	Probably chronic reposition owy &
11. Total time (years) this occupation (month end spent in this	- Deviation: Unable to determine
yaer) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Jalos nd,	Other Continuery Causes of Importance:
(State or country)	Itypostelia preunoma 2 days
13. NAME aderard & Jeyla	
14. BIRTHPLACE (city or town) Server	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Mary Faudus	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(Stete or country)	Where did injury occur?
17. INFORMANT CAUGUST TO THE CAUGUST AND CONTROL OF THE CAUGUST AND CONTROL	(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVA	Menner of Injury
Placa For Data 1/20 ,1931	Neture of injury
19. UNDERTAKER Germand G. Finile (Address) 6411 Bilan Road.	24. Wes disease or injury In any wey reletad to occupetion of deceesed? No.
20. FILES IJ 18 , 1959 En Smilie flee	(Signed) JEdward. 1 deller M.D. (Address) Reas Med.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I	1.	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis & & & & & & & & & & & & & & & & & & &	3 days ago
		27100	
		2,0//	
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Special Inquest held teb 4.1937
at & P.M at /olivson Talice Court
Horman G. angell, Coloner

PLACE OF DEATH	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
1 . 1100 11	Registration Dist. No.
Village or City / ow I on (No. 4()9 //	leghany HVL St :: Ward) a hospital or institu-
2 FULL NAME Bessie Handly	Lown cles tion, give its NAME listend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White SINGLE, aworted Whomes Willed Whomes (Write the word)	16 DATE OF DEATH Technique 1 , 192 / (Month) (Day) (Year)
6 DATE OF BIRTH Sure 6 1888	17 I HEREBY CERTIFY, That I attended the deceased from February 2, 1927. to Tebruary 11., 1927,
(Month) (Day) (Year)	that I last saw h & alive on 1-chury 11, 1927,
7 AGE	and that death occurred on the date stated above, at . 3. 3. m. The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	THE CAUSE OF BEATH + Was as follows:
B OCCUPATION (a) I rade, profession or particular kind of work	Lobar Ineumonia
(b) General nature of industry business, or establishment in	7.
which employed or (employer)	(Duration)yremosds.
9 BIRTHPLACE (State or country) Balliurore Md.	Contributory Secondary (Duration) yrs
10 NAME OF Richard Joseph Handly	(Signed) 7 C. Sellman M. D. Febr 11 1927 (Address) Jowson Md
II BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from
(State or country) / fallen or // // // // // // // // // // // // //	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Minnie to Coman	10 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
OF MOTHER (State or Country) Palling Md,	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Mrs. Edith A. Ball,	Former or pusual residence
(Address) 409 aller may the	Cathedral Ceculory Feb 12, 19
15 Tito 180 11 192 White last from Registrary	20 UNDERTAKER JORES Lue 424 N. Proadmay
If more banks are needed, addre. s tate Registras	, 18 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

1494

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specification as ν_{uy} laborer, Farm laborer, Laborer—Coal mine, etc. Women en at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); sinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Deblity" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. 10 ds. Never report mere symptoms or terminal condist.ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underatic), "Atrophy," "Collapse," "Com2," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on (clanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all (secondar, or intercurrent) affection need not be Whooping cough; American Medical Association.) Recommendations on statement of cause of death Chronic etc. The contributory valvular heart Nomenclature disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8

Exact properl may back that plain efully important. in OF DEATH pe plnods

BINDING

RESERVED

MARGIN

OCCUPA-

2. FULL NAME 3. SEX 5a. If married, widowed, or divorced 6. DATE OF BIRTH (month, day, and year) 7. AGE 1 day,hrs. or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9, industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years). this occupation (month and spent in this year) occupation __ 12. BIRTHPLACE (city or town) (State or country) 13. NAME FAT 14. BIRTHPLACE (city or town). (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 18. BURIAL CREMATION, OR REMOVAL 19. UNDERTAKER

Other Contributory Causes of importance:

Other Contributory Causes of importance:

Name gloperation

What test confirmed diagnosis?

Accident, suicide, or homicide?

Where did injury occur?

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of Injury

If so, specify

Nature of Injury_____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	13	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	A CAP	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH	MARYLAND-	CERTIFICATE OF DEATH	426
County BAltimore		Registration Dist. No. 30	,
. Village or City Catonsvil	lle , Md.	No. Spring Grove St. Hosp. St., death occurred in a hospital or institution, give its NAME instead of street and no. 17 ds. How long in U.S. If of foreign birth? yrs. mos	Ward umber) sds.
		St., Ward. If nonresident give city or town and S	
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX female 4. COLOR OR RACE white	SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Widowed	21. DATE OF DEATH February 11 (Month) (Day)	7 (Year)
5e. If married, widowad, or divorced HUSBAND of (or) WIFE of Samuel Madgy	vick	22. I HEREBY CERTIFY, That I attended d March 25 ,19 35,to Feb. 11	, 19. 37
6. DATE OF BIRTH (month, day, end year) Mar	ch 4, 1869	I lest sew h. er alive on Feb. 11 ,19.37	; death is said
7. AGE Yeers Months 67 11	7 If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12:30 m.p.m. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance wera as follows:	Date of onset
SAWYER, BUURKEEPER, etc.	nousewife 10. Total tima (years) spent in this occupation 34 yr	Arteriosclerosis Hypertension Cerebral hemorrhage Dec	?
12. BIRTHPLACE (city or town) Mary lan (State or country)		Other Centributery Causes of Importance: Broncho-pneumonia Feb	. 8. 3
13. NAME Alfred Louis 14. BIRTHPLACE (city or town) (Stata or country)	lend	Name of operation	
15. MAIDEN NAME Emma Clif 16. BIRTHPLACE (city or town)		23. If daath was due to external ceuses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Data of Injury Where did Injury occur?	: no
17. INFORMANT Mrs. Hurst, niec (Address) University 235		(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
18. BURIAL, CRUMATION, OR REMOVAL Place order order	Date Deb 13 , 1937	Manner of injury	
19. UNDERTAKER William (Address) roych 20. FILED 2/13	Lichner & Sons Language	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Spring Grave State Hosp	M. D

If hore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Catonsville,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			g e a l

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN 25 1937

BUNGETTE

FOR BINDING

MARGIN RESERVED

V. S. No. 1

Z

STATE OF MARYLAND-	CERTIFICATE	OF DEATH
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-0	.0	48	
1	4	3	1

,1. PLACE OF DEATH	100		
/ county Ballimore	Registration Dist. No. 31		
Village or City Hunwood (II	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurred 20 yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Elizabeth Theresa?	naustrekal S. Veteran, specify WAR.		
(a) Residence: No. Humwood (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED, (write the word) Through Married Through Married Through Married Through Married	21. DATE OF DEATH Secretary 18 193 7 (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucles manafield	22. I HEREBY CERTIFY, That I attended deceased from february 14, 1937, to february 18, 1937		
6. DATE OF BIRTH (month, day, end year) Dec 27 1897	I last saw her alive on february 18 , 1937; death is said		
7. AGE Years Months Days If LESS than 1 dey,hrs. Or min.	to have occurred on the date stated above, at		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lobar premona later, 2		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased lest worked etc 11. Total time (years) spent in this			
11. Total time (years) this occupation (month emilyear) 11. Total time (years) spent in this 20 occupation			
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:		
13. NAME Jacob Luers			
13. NAME Jack Luck 14. BIRTHPLACE (city of town)	Name of operation Date of		
(State or country)	What test confirmed diagnosis? Was there an eutopsy?		
15. MAIDEN NAME Elizabeth Bukheit	23. If death wes due to external causes (VIDL ENCE) fill In also the following:		
15, MAIDEN NAME Elizabeth Bukheit 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?		
17. INFORMANT Leteler mansfield (Address) Randaleslown I mid	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, DR REMOVAL Place Of Olive Cerus Date Feb 22, 1937	Manner of injury		
19. UNDERTAKER JOS TO COOK (Address) 1003 W Ballo St	24. Wes disease or injury In any way related to occupation of deceased?		
20. FILED Feb 19, 19.32 Wm & martin Registrar.	(Signes) And Marty M.D. (Address) and Alberton Mag		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.

should state

STATE OF MAI	RYLAND—CERTIF	ICATE OF	DEATH
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ACE OF DEATH	1/2		
unty Baltimore		Registration Dist.	No. 21

1428

J. PLACE	OF DEATH			1/2	
/ County	Baltimore			Registration Dist. No. 2	
	City Voodlaw		fe _{yrs} mos	No. Liberty Road St., feeth occurred in a hospitator institution, give its NAME instead of street and number of the stre	Ward
2. FULL N	AME	William S	Saum Marrio	tt	
(a) Resid	ence: No. <u>Liberty</u>	Rd., Wood		St., Ward. If nonresident give city or town and S	Nate
PERSO	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE		RIED, WIDOWED. D (write the word)	21. DATE OF DEATH February 19 (Month) (Day)	193 7 (Year)
5a. If married, wid HUSBAND of (or) WIFE of	Ruth Gre	ninger Mar		22. I HEREBY CERTIFY, That I attended do	
6. DATE OF BIRT	H (month, day, and year)	ugust 19,	1894	I last saw h 1 alive on 5. el 19 1937;	
	Years Months 42 6	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at7.30A_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of enset
North SAW h	r business in which was done, as SILK MILL, MILL, BANK, etc	3,1937 spe le, Baltin		Other Cautributory Causes of importance?	Fel 13
(State er co		Maryland s A. Marri			
	CE (city or town)Bi	altimore (Name of operation Date of What test confirmed diagnosis? Was there an au	
15. MAIDEN I	NAME Ida CE (city or town) Bail or country)	V. Saum ltimore Maryland		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT(Address)	Mrs. Ruth Gre	ninger Mar	riott	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	Æ.
18. BURIAL, CREM. Place Mt	ATON, OR REMOVAL	Date Feb.	22 / 1937	Manner of injury	
19. UNDERTAKER (Address)	X0510 M. B.	// (oo	77C	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED	, 19	UPPERT	Registrar.	(Signed) 4509 Liberty Heights Ave	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEA

County

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11 4 6 11			
8.16			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH						(47.B)	2
1	County	Bal	timore			Registration Dist. No. 32	
	Village or C	ity]	Mt. Wils	son	(If	No. Tuberculosis Sanatoriumst., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Length of resi	dence in c	ity or town where d	eath occurred		ds. How long in U.S. If of foreign birth?yrsmo	
	2. FULL NAI	ME	Teresa J	. McMah	non	If U. S. Veteran, specify WAR	
	(a) Residen	ce: No	1744 E.	Federa (Usual place	al St. of abode)	St., Ward. Baltimore, Md. If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
100	sex Female		hite	OR DIVORCE	RIED, WIDOWED. D (write the word) 1810	21. DATE OF DEATH February 22nd, (Month) (Day)	, 193.77. e (Year)
5a	. If married, widow HUSBAND of (or) WIFE of	ed, or div	orced	Single	9	22. I HEREBY CERTIFY, That I attended of Jan. 21st	
6.	DATE OF BIRTH (month, da	y, and year) Jul	v 4th.	1878	I last saw h.er. alive on Feb. 22nd. 19.37	
	AGE Yea		Months	Days	If LESS than	to have occurred on the date stated above, et. 9.33 P. m.	
	58	3	7	18	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:	Date of onset
OCCUPATION	9. Industry or	ork done BDDKKE business i	, as SPINNER, EPER, etc	Clerk		Carcinoma of the lung	Nov. 1936
סטטו	140			spe	ime (years) nt in this 12		
12. BfRTHPLACE (city or town) Baltimore (State or country) Maryland						Other Contributory Causes of Importance:	
						110116	
13. NAME Peter McMahon 14. BIRTHPLACE (city or town) Unknown (State or country) Ireland						Name of operation NO operation Date of What test confirmed diagnosis? X-ray Wes there an a	utonsy? NO
ER	15. MAIDEN NAME Ellen Coughlin					23. If deeth wes due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town) Unknown (State or country) Ireland					hole	Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e)
1	17. INFORMANT OUD IL MEMBERSON, Md. Wilson, Md.						
18	18. BURIAL, CRAMATION OR REMOVAL Comments 3/26/37					Manner of Injury	
19	. UNDERTAKER	Joh	m 1.5	the Long	A BOLL	If so, specify	No
20	FILED FEB.	24.,	19.37	6.26	Registrar.	(Address) Mt. Wilson, Md.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

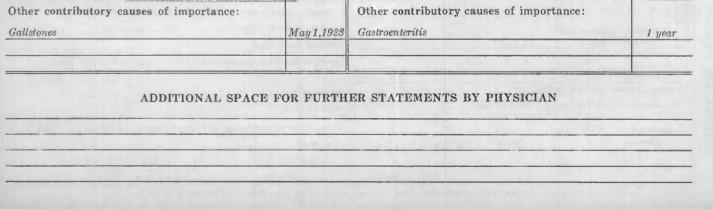
11.—The number of years the deceased followed the occupation.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PHINTALL V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



X

SCORD. Every item of infor-

PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

H UNFADING INK-THIS IS A PERMANENT

-WRITE PLAMLY.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH					-	90 - 00	
	/ County Baltimore					Registration Dist. No. 30	
	/ Village or City Ca tonsville			lle		No. Spring Grove State Hospitalst, Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
1/	Lameth of social	dansa in s	itu on town whose d	A	(If	death occurred in a hospital or institution, give its NAME instead of street and number) 7. ds. How long in U.S. if of foreign birth?	
1/							
1 2	. FULL NAM			Matusky		If U. S. Veteran, specify WAR	
	(a) Residence	ce: No	1412 L	(Usual place	of abode)	St., Ward. If nonresident give city or town and State	
200000	PERSON	AL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	sex Female		or or race White	5. SINGLE, MAR OR DIVORCE Sing.	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH February 13th 193 7 (Month) (Day) (Year)	
5a.	If marriad, widowe	ed, or div	orced			The second secon	
	(or) WIFE of		Single	and the Line	1119-53164-2-1	22. I HEREBY CERTIFY, That I attended deceased from June 6th 19 32 to Feb 13th 1937	
	DATE OF BIRTH (month de	w and wass)	Jan 6th	1914	I last saw h. er elive on Feb 13th, 19-37 ; death is said	
-	AGE Year		Months	Days	If LESS than	to have occurred on the date stated above, at 2:40 Pm.	
	23	3	1	7	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	
7	8. Trada, profas	sion, or p	particular		[Ottober 1 Indian	Encephalitis Lethargea or Prior	
100	SAWYER,	BOOKKE	as SPINNER, EPER, etc	N ne		"Sleeping sickness, in 1929, was 6-6-32.	
UPATION	9. Industry or 1 work was	dona, as	n which SILK MILL,	2		hospitalized for the post-encephalitie	
1000	10. Data dacease	L, BANK,	etc	11. Total t	ime (years)	syndramer, in 1932. Was a finitionst in	
0	this occup year)	pation (mo	onth and	spe	nt in this	Afraing Love State Hospital from that time until	
	12. BIRTHPLACE (city or town) Baltimore					Other Contributory Causes of importance: date of death. Cardiac dilitation Cardon 2-13-3	
12.	(State or coun			Maryland		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
R	13. NAME	Emr i	ch Matusk	y			
FATHER	14. BIRTHPLACE	(city or t	own)			Neme of operation None Dete of	
-	(State or		Austr	ia		What test confirmed diagnosis Physeand Labe Was there an autopsy? NO.	
MOTHER	15. MAIDEN NAM	ME A	melia Kie	ser		23. If death was due to external causes (VIOLENCE) fill in elso the following:	
10	16. BIRTHPLACE	(city or t				Accident, suicide, or homicide?NONO Date of Injury_NONO, 19	
Σ	(State or	country)	Mary	land		Where did injury occur?	
17.	17. INFORMANT Spring Grove State Hospital recon					apecify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL						Manner of Injury None	
	19. UNDERTAKER a. Howard Ewans A					Neture of InjuryNone	
19						24. Was disease or injury In any way related to occupation of deceased? NO	
13.	(Address)	2	1400 3	Cha	Mes Mo	If so, specify	
20	FILED Falon	W	1937 Jug	2000	Block	(Signed) Chas. A. Helinad) M. D	
1	Registrar.					(Address) Spring Grove State Hospital.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

d

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	ENTS BY PHYSICIANFED
	18 1937
	The state of the s
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1431
1. PLACE OF DEATH	93-0 30
County Ballimore	Registration Dist. No.
Village or City Jowson	NoSHEPPARD AND ENOCH PRATT HOSE. Ward
Length of residence in city or Jown where death occurred vrs. J mos	death occurred in a horpital or institution, give its NAMD instead of street and number) ds. How long in U.S. if of foreign birth? 6.5 yrs. mos. ds.
the the Read of Man	in lo has V.S. Veteran, specify WAR
2. FULL NAME - 150 CON APRILLE ME	Alterno, Mi
(a) Residence: No. 4-3 0 6 (Usual place of abode)	St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winights, word)	21. DATE OF DEATH
7 While mile	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of A	
(or) WIFE of MANUS TUREUCK MUSICAL	HEREBY CERTIFY, that I attended deceased from
6. DATE OF BIRTH (month, day, and year) WW [-1853	I last saw h M. aliva on Feb. 14 1937: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at A: 42 a.m.
8 9 3 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Glineralised greenescleuses many
SAWYER, BOOKKEEPER, etc.	Chrquie my granditio.
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	algenerature) with
10. Date deceased last worked at 11. Total time (years)	g My Carrial in Sufficiency 5 in
this occupation (month and spent in this occupation occupation	June June
12. BIRTHPLACE (city or town) Yelmany	Other Contributory Causes of importance:
(State or country)	2 1 1 1 1 1 1 1
13. NAME TRADE	Mancho By Charles 45 yr
13. NAME ALAGO HOUSE TO A STATE OF THE STATE	Name of operation
(State of country)	What test confumed diagnosis? What test confumed diagnosis?
15. MAIDEN NAME AUNCLETA TOU NORMANNE 16. BIRTHPLACE (city or town)	29:4f death was due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(State of Equipy)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Dorbeauce Coursety 2/16 1932	Nature of injury
10 Harris House Un Do cake and I	24. Was diseasa or injury in any way related to occupytion of decaased?
19. UNDERTAKER (Address) 802 M. Address	If so, specify
20. FILED / 6 137 / W My W/ / FOM	(Signed) / / / / / / M. D.
20. Files 1 5 Cal Registrar.	(Address) Arthur E. Pattrell M.D.
If many blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915 1921	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AR 8		Run over by street car	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
N. I. S. L.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	DV	DHVCICIAN
ADDITIONAL	STACE	LOW	FURIHER	STATEMENTS	BI	PHISICIAN



V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 143	2
1. PLACE OF DEATH	93-20	
County Baltimas	Registration Dist. No.	
Village or City Halethorpe Mil	d No. Waeling to Bloto W death occurred in a hospital or institution, give 1's NAME instead of street and number)	Ward
	ds. How long in U. S. if ot foreign birth?yrsmos	ds.
2. FULL NAME Elizabeth Miller	If U. S. Veteran, specify WAR	
10, 0 4-10/	ASt. Ward.	
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year	r)
5a. It married, widowed, or divorced		
(Or) WIFE OF late audies Will.	22. 1 HEREBY CERTIFY, That I attended deceased	from 57.
6. DATE OF BIRTH (month, day, and year) June 20, 1858	I last saw here aliva on Fel 5, 1957; death is	s said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 128 Am.	
78 7 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
9 Trade profession or particular	Myse as rollows. Date of	ouser
kind of work done, as SPINNER, tousewife SAWYER, BOOKKEEPER, etc.	Browelite . Tufluezal. 21)	and
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and) this occupation (month and) spent in this	neglectes acute 289	aus
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation		
Balting 71 d	Other Contributery Causes of Importanca:	
12. BtRTHPLACE (city or town) (State or country)	the so to top 3F	13
13. NAME Michael Schick. 14. BIRTHPLACE (city or town) Jermany	- Transition of the second	
4 14. BIRTHPLACE (city or town)	Name of operation Leave Date of Date of	1
(State of country)	What test confirmed diagnosis? Clinical Was there an autopsy?	صما
15. MAIDEN NAME Caroline front	23. If death was due to axternat causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Carolina from	Accident, suicide, or homicide? Date of Injury, 19_	
∑ (Stata or country)	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT West Vheodore Welfer-	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL)	Manner of injury	
Place Andre Fale P. Date 2 - 8 1937	Nature of injury	
19. UNDERTAKER FREDERICK D. Colo	24. Was disease or injury in any way related to occupation of decaased?. No	
(Address)/200 w for tard of	If so, spacify A greene by beech	
20. FILED Jefy 9., 19.3.7 Let Lieffer Pagistrar.	(Signad) 1 Matter Care Colors February	El
If more blanks are needed, address State Registrar.	24II N. Charles Street, Baltimore, Requesting V. S. No. 1.	T

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ner	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 2 1937	July 5,1927	Peritonitis	3 days ago
	t a lat V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Gallstones May 1.		Gastroenteritis	importance:	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		
	100			

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH 1433					
1. PLACE OF DEATH	(29)				
County Balto	Registration Dist. No. 42				
Village or City Laus down e	No. Heave seconds from Mary Mary St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)				
	ds. How long in U.S. if of foreign birth?yrsmosds.				
2. FULL NAME Grosge V. Murray	If U. S. Veteran, specify WAR % Record				
2/ 7 21 06/					
(a) Residence: Not See a could strate Ka Z (Usual place of abode)	Ward. If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED.	21, DATE OF DEATH				
QR DtVORCED (write the word)	V2-6 3 - 193 7				
5a. If married, widowed, op-divorced	(Month) (Day) (Year)				
HUSBAND of ORice Murray	22. I HEREBY CERTIFY, That I attended deceased from 1937 to 3eb-4 1937				
6. DATE OF BIRTH (month, day, and year) Quy 192 1889	I last saw him aliva on Jelr 3. , 1937; daath is said				
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at				
47 5 14 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:				
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILLOW Mark was done, as SILK MILLOW Mark Work was done, as SILK MILLOW Mark 10. Data deceased last worked at this occupation (month and the second in this company).	Pulmonary Tuberculosis 2 yes				
SAW MILL, BANK, etc					
12. BIRTHPLACE (city or town) Balls	Other Contributory Causes of Importance:				
(State or country)					
13. NAME Vaners C. Murray					
13. NAME Vanus C. Murray 14. BIRTHPLACE (city or town) (State or country)	Nama of operation Date of Was there an autopsy? no				
15. MAIDEN NAME Mary E. Draver 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causas (VIOLENCE) fill in also the following:				
O 16. Birthplace (city or town) (Stata or country)	Accident, suicide, or homicide? Date of injury, 19				
17. INFORMANT Many V. Keinerick (Address) Henry V. Keinerick	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION, OR REMOVAL Place Condon Park Date Fel 6 7, 1937	Manner of injury				
Usu Care	÷-				
19. UNDERTAKER (Address) /2/7 St faul 3	24. Was disease or injury in any way related to occupation of deceased?				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work donc.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

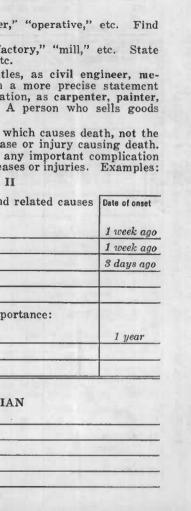
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[]	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE WAY			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1434
1. PLACE OF DEATH	48
County Ballimore	Registration Dist. No. 31
Village or City Harmwood Notnear Holl	St., Ward
Length of residence in city or town where deeth occurred vrs. 2 mos	f death occurred in a hospital or institution, give its NAME instead of street and number) 3ds. How long in U.S. iI of loreign birth?yrsmosds,
2. FULL NAME Hallie nelson	- 0
	If U. S. Veteran, specify WAR
(a) Residence: No. Marriollable (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH February 6 193 7 (Year)
5a. II married, widowed, or divorced HUSBAND of (or) WIFE of William Ullson	22. HEREBY CERTIFY, That I attandad deceased from
6. DATE OF BIRTH (month, day, and year) - 18 7 4	Hast saw her allva on fel 1937; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at10.30 A_m.
63 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, prolassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinoma of literus 3
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oata deceased last worked at this occupation (month and	О
10. Oata deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation	
12. BIRTHPLACE (city or town) (State or country) Maryland	Other Cuatributory Causes of importance:
W 13. NAME Javer Phodes	
13. NAME Phodes 14. BIRTHPLACE (city or town) (Stata or country)	Nama oI operation
IS. MAIDEN NAME Cassie -	23. If death was dua to external causes (VIOLENCE) fill In also the Tollowing:
15. MAIDEN NAME Cassic 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homloide? Date of Injury, 19
17. INFORMANT Swhut nelson (Address) Ellicott City, md	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place West Siberty Ceny Date Feb 10, 1937	Menner of Injury
19. UNDERTAKER + C Hiaginbothom (Address) Ellis At Cat Mad	24. Was disease or injury in any way related to occupation of decaased?
20. FILEO Feb 7, 1937 Wm & Martine Recistrar.	(Signed) Francisco M. O. (Address Poundalla Inger Ind

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5, 1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dato of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AR 2. 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
DIBERT V. C.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

TION is very important. See instructions on back of certificate.

ol	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	1121:
1. PLACE OF	DEATH			92,00 8 (7011
County	Baltimore			Registration Dist. No. 3	Y
Village or City	Towson	Marylan		No. Sheppard & Enoch Pratt Hosp St.	Ward
Length of reside	nce In city or town whare	death occurred	yrs 2 mos	f death occurred in a horpital or institution, give its NAME instead of street and s. 6 ds. How long in U.S.If of foreign birth?	number) mosds.
2. FULL NAM	E NORTH, Mrs	. Corinn	e Bubert	If U. S. Veteran, specify	MAR
(a) Residence	: No. 3124 Norm	Ount Ave	mue,	St., Ward. Nore, Maryland, If nonresident give city or town an	nd State
PERSONA	L AND STATIST			MEDICAL CERTIFICATE OF DEATH	
Female	4. color or RACE White	5. SINGLE, MAR OR DIVORCE MATTI	RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH February 24 (Month) (Day)	, 193 37 (Year)
5a. If marriad, widowad HUSBAND of (or) WIFE of Er	nest Culver	North		22. I HEREBY CERTIFY, That I ettended December 18, 1936 to February 24.	
6. DATE OF BIRTH (me	onth, day, and year) Aug	ust 17, 3	1901	i last saw her alive on February 24, 19 37	
7. AGE Yaars	Months	Days	If LESS than	to have occurred on the date stated above, at 1:10P_m.	
35	6	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:	Datastanat
9. Industry or bus	k doná, as SPINNER, H OOKKEEPER, etcH siness in which one, as SILK MILL.	ousewife		Chemohe heart disease	Oete of enset
O this occupat	BANK, atc	Sp8	time (years) int in this 8 upation 8		
12. BIRTHPLACE (city of (State or country)	y)	ore, Maryl	and.	Other Contributory Course of importance:	
	muel Vinton	Clow			
14. BIRTHPLACE (c) (State or co	city or town)	aryland.		Name of operation Dete of What tast confirmed diagnosis?	autonais Me
15. MAIDEN NAME	Grace Cori	nne Davis		23. If daeth was due to axtarnal causes (VIOL ENCE) fill in also the following	autopsy!
16. BIRTHPLACE (c	city or town) Mar	vland.		Accident, suicide, or homicide? Date of Injury Whare did injury occur?	
17. INFORMANTF	Hospital Reco	ords		(Specify city or town, county and Standard Stand	ate) LACE.
18. BURIAL, CREMATIO	n 1 +	Date 2	7 27, 1937	Manner of injury	
19. UNDERTAKER (Addies)	M	A X	Sus	24. Wes disease or injury in any way related to occupation of decaased?	No
20. FILED THE	5.31	White of	Registrar.	(Signest Arthur E lattrell M. Towson, Maryland	D. M. D.
	Ifmore	bland are needed,	address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis \ MAR 8 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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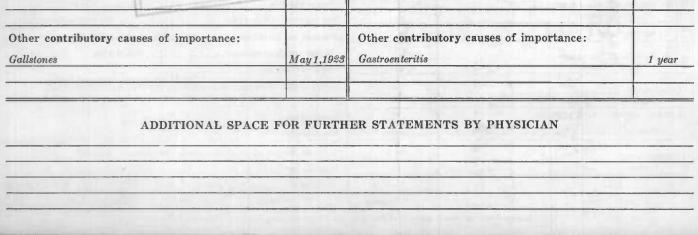
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1400/
1. PLACE OF DEATH	133
County & allumin	Registration Dist. No. 22
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME a Elizabeth Our	16 U. S. Veteran, specify WAR
(a) Residence: No. 350 Wain St. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Date) (Year)
5a. If merried, widowed, or divorced HUSBAND of	A
(or) WIFE of	1 HEREBY CERTIFY That I attended deceased from
5. DATE OF BIRTH (month, day, and yeer) may 30, 183-3	I last sew the raily alive on Sel-16, 1937; death is sel
AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 2.3.m.
8-3 8 16 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trede, profession, or particular	ff f
kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc	Opronic Mystardelis
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decesed lest worked et this occupation (month end year) occupation	
12. BIRTHPLACE (city or town) Baltu. C.	Dther Cantributary Causes of Importance:
(State or country) 2nd.	Vogner flassor
13. NAME Philip Revoler Orusags 14. BIRTHPLACE (city or tolen) Bafti. Ce.	- Charles Man
14. BIRTHPLACE (city or tolvin) 13 after 1 Co.	Neme of operation Date of
(State of country)	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Mary ling Choale	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary any Cho-ate 16. BIRTHPLACE (city or town) Balts. Cc. (State or country)	Accident, suicide, or homicide?
17. INFORMANT Miss Bely Berry man.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Reix ters form m/ 4, 18, BURIAL, CREMATION, DR REMOVAL	
Place Lutheran Cem: Date Feb. 18, 193:7	Manner of Injury Nature of Injury
19. UNDERTAKER Um. Bergy may thous (Address) Reis tersting Ind.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 18 7 J. J. Porer Secret Registrar.	(Signed) M. (Apdress) Kanada for M.
If more blanks are needed address State Registrar	ners N Charles Street Baltimore Penuerhand S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related caus of importance were as follows:	es Onte of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MUNEAU V				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1484
1. PLACE OF DEATH	00-0
County Ballimore	Registration Dist. No. 31
Village or City Harrisonville	No. Liberty Rd St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Wm H Phillips	If U. S. Veteran, specify WAR
(a) Residence: No. Havison hele (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NOR DIVORCED (write the word)	21. DATE OF DEATH Pelrucury 4 , 193 7 (Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Sda Phillips	22. I HEREBY CERTIFY. Thet I attended deceased from 20 1932, 1937 to feb 4 1937
6. DATE OF BIRTH (month, day, end year) October 9 1861	I lest saw h Asse_ alive on \$ eb 4 ,1937 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at1
73 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causas of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER. Relined farmer SAWYER, BOOKKEEPER, etc	myscardilis arterioschrosis
Kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work west done, as STILK MILL, SAW MILL, BANK, atc. 10. Date decessad last worked et this occupation (month and this prognation (month and this p	Chronic myocarditias Center?
10. Date decessed last worked et this occupation (month and year) 11. Total time (years) spant In this occupation occupation	Duration; luknown,
12. BIRTHPLACE (city or town) (State or country) Warulan	Other Contributory Causes of importance: Bronch fukusumin 3 de fel 1-3;
	ration: 2 days.
13. NAME Joshua W Phillips 14. BIRTHPLACE (cry or town) (State or country) Many Dand	Neme of operation
# 15. MAIDEN NAME Sarah any Humphries	What test confirmed diagnosis? Was thara en autopsy? 223. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide?
17. INFORMANT Calvin Phillips (Address) Randalla thum had	Where did injury occur?(Specify city or town, county and State) Specify whathar Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wards Chafel Date fell b , 1937	Mannar of Injury
19. UNDERTAKER Ween & Son Inc. (Addrass) Sula aid le mad	24. Was disaase or injury In any way related to occupation of daceasad?
10. FILED Feb 6, 1937 Wm & martin	(Signate) Am J. Martin, M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ti i	Example II		
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1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-PHYSICIANS should state SCORD. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY. B.-WRITE PLAINLY, WHH UNFADING INK-THIS IS A PERMANENT

CAUSE OF DEATH in plain terms, so that it may be

MARGIN RESERVED FOR BINDING

V. S. No. 1

Exact statement of OCCUPA-

properly classified.

1. PLACE OF DEATH Baltimore					95%)	0		
County					No. Spring Grove State Hospital, Warr			
Village or Ci	·)			(1	f death occurred in a hospital or institution, give its NAME instead of street and n	wmber) Ward		
				yrs6mo:	s. 30 ds. How long in U.S. if of foreign birth?yrsmo	sds.		
2. FULL NAM	ME Catheri	ne Pie:	rce		If U. S. Veteran, specify WAR			
(a) Residence	e: No. 2607 (reenmo:	unt A	Venue of abode)	St., Ward. If nonresident give city or town and	State		
PERSON	AL AND STAT	ISTICAL	PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
female	4. COLOR OR RACE white			RIED, WIDOWED, D (write the word) W	21. DATE OF DEATH February 25 (Month) (Oay)	193 37 (Year)		
Sa. If married, widowe HUSBANO of (or) WIFE of	d, or divorced Thomas F.	Pierce			22. I HEREBY CERTIFY, That I attended of July 26, 19 31 to February 25	deceased from		
6. DATE OF BIRTH (1	(near base yeb danon	June	16. 1	877		; death is said		
7. AGE Year			Days	If LESS than	to heve occurred on the date steted above, at 9:15 p.m.	, 555 15 5510		
59	8		9	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:	Date of onset		
kind of w	sion, or particular ork dona, as SPINNEF BOOKKEEPER, etc	hou	sewif	е	Arteriosclerosis	7		
9. Industry or b	usiness In which				Arteriosclerotic heart disease	?		
SAW MILI	dona, es SILK MILL, , BANK, etc	home				., 193		
this occup	d last worked at atton (month and June, 193]	Treat least	spai	me (yaars) nt in this spation 30	- acute Feb	.24,19		
					Other Contributory Causes of importance:			
12. BIRTHPLACE (city (State or count	ry)	(Lalla			Arteriosclerotic brain disease Ju	me. 19		
A TACHEL	James Patte	rson						
14. BIRTHPLACE	(enty of town)	Ireland			Name of operation no Date of What test confirmed diagnosis? Autopsy Wes there an a	utoney? "VO		
15. MAIOEN NAM	E Mary Je	fferson	n		23. If death was due to externel causes (VIOLENCE) fill in also the following			
15. MAIOEN NAM	(city or town)	Ireland			Accident, suicide, or homicide? Dete of injury Where did injury occur?			
	Thomas Pier 500 East 2'				(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	i) -		
18. BURIAL, CREMATI	ON, OR REMOVAL	ral Date	Ma	2/ 37	Menner of injury			
19. UNOERTAKER (Address)	Elbert 9	noite	ere	gor	24. Was disease or injury In any wey related to occupation of deceesed?	no		
7/	2	11/	10	Leens	(Signed) Can T. (Address) Spring Grove State Hospi			

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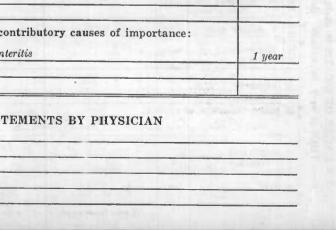
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1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
13			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N



Date of onset

(Day)

STATE OF MARYLAND-CERTIFICATE OF DEATH

OCCUPA plnods Beltimore Registration Dist. No. 30 County Catonsville Spring Grove St. Hosp. Village or City, (If death occurred in a hospital or institution, give its NAME instead of street and number) Jo PHYSICIANS statement 2. FULL NAME Maude E. Poe If U. S. Veteran, specify WAR..... (a) Residence: No. Texas, Maryland St., Ward. (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, female white 5a. If married, widowed, or divorcad HUSBAND of HEREBY CERTIFY. That I attended deceased from Irving G. Poe (or) WIFE of 6. DATE OF BIRTH (month, day, and year) October 18, 1871 properly 5:45 a.m. to have occurred on the data stated above, at. 7. AGE Months Days If LESS than 17 1 dayhrs. 65 The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION housewife Arteriosclerotic heart disease back 9. industry or business in which work was dona, as SILK MILL, Generalized arteriosclerosis may home SAW MILL, BANK, etc 11. Total tima (years)
spent in this 10. Data deceasad last worked at this occupation (month and 1932 year) that occupetion ____ Maryland 12. BIRTHPLACE (city or town) ___ (State or country) Alzheimer's Disease FATHER Wilker Armocost 13. NAME Maryland Name of operation _____ // 6. 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? Was there an autopsy? Yes carefully MOTHER Sarah Russell 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill In also the following: NO E Maryland Accident, sulcide, or homicide?______ Date of injury______ 19_____ DEATH 16. BIRTHPLACE (city or town) (State or country) pe (Specify city or town, county and State) Grove State Hospital Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods very OF (Address) 18. BURIAL, CREMATION CAUSE Nature of Injury LION 19. UNDERTAKER (Address) If so, specify _:

infor-

BINDING

FOR

MARGIN RESERVED

Registrar.

(Address) - C-a

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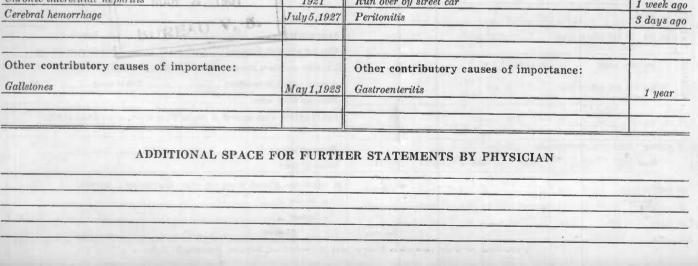
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			/	



OF

CAUSE mation

LION

1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred mos. ____ds. How long in U.S. if of foraign birth? _____ vrs. If U.S. Veteran specify WAR. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (while tha word) name (Month) 5a. If married, widowad, or divorcad HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF RIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, atc..... 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this 12. BIRTHPLACE (city or town). (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was there an autopsy?___ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?______ Date of injury_____ 19_ 16, BIRTHPLACE (city or town) (Stata or country) Whera did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT _ (Address) CREMATION, OR REMOVAL Manner of injury 24. Was diseasa or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address) ____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago	
Arteriosclerosis	1915	Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUREMU V. S	Δ ,			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATHO	(31)
County Dallmore	Registration Dist. No. 36
Village or City Catows will	No. # 57 turnles St., Ward
7,-	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How tong in U.S. if of foreign birth?yrsmosds.
m - 1/ 4 - 01' 0	os. non ong in v.s.ii oi iolegi uitii: yis
2. FULL NAME MAS. Hathe Elizabe	an 19 f
(a) Residence: No. # 3 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Semale Color OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. II married, widowed, or divorced HUSBANO of	
(or) WIFE of Allen Tyle	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lee 15-187	I last saw h_ex alive on 7 16 4 ,1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.2 m.
61 1 20 1day,hr	were an follows:
& Trade profession or particular	— were as ronows. Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business In which work was done, as StLK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this operunation (month and	Sul-acute myocarditis nor 1936
9 Industry or business in which work was done, as StLK MILL,	Malignant Ryplettennan Sevent year
SAW MILL, BANK, etc	Chidni glandruls replients
this occupation (month and year) spent in this occupation	
12. BIRTIIPLACE (city or town)	Other Coutributory Causes of Importance:
(State or country)	
I 13. NAME ANBOUR	
13. NAME ANDROVEN 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME AMBROOM	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME ANDROUGH	Accident, suicide, or homicide?Date of injury19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Lace Seward muce	Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 37 Winters We 18. BURIAL, CREMATION, OR REMOVAL	Manage of Indiana
Place Valherdrel Cen - Date Fet 9 , 19.3	Manner of injury
19. UNDERTAKER Party a Celliot daughter -	24. Was disease or injury in any wey releted to occupation of deceased? Wo
20, FILEO Feb 6, 1937 Marshall B West	(Signed) N. albert Harden M.D. (Address) 102 yentes Colors fill, and
If more blanks are needed, address State Registr.	str, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		W	
Other contributory causes of importance:		Other contributory rauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		193	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICI	AN
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						1	-

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	D. Every	SICIANS	atement
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	REC	Y. P	Exac
Difference of the state of the	-WRITE PLAINLY, W. H UNFADING INK-THIS IS A PERMANENT CCORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
1	PE	E	rly
101	IS A	stated	prope
1	HIS	pe	pe
T .	E	pln	nay
	NK	sho	it 1
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See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(170)
County Ballinge	Registration Dist. No. 31
Village or City Trolland	No. St., Ward
	death occurred in a hospital or iostitution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMEChas C, Ranch	If U. S. Veteran, specify WAR
(a) Residence: No. A obt (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH about 180th 1937 (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Catherense Ranch	22. I HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) July 22, 1883	f last saw h aliva on, 19; death is said
7. AGE Years Menths Deys If LESS than	to have occurred on the date stated above, at
53 6 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 15. MAIDEN NAME 16. SPINNER. 17. JULIANA 18. Trada, profession, or particular kind of work done, as SPINNER. 11. Total time treats) spant in this occupation occupation occupation 12. BIRTHPLACE (city or town) (State or country)	Ocarduntal death Pas focation Other Contributory Causes of Amportants: She abjorable granting Mame of opposition also What test confirmed diagnosis? Westhere an autopsy?
H	23. If death was due to axternal causes (VIOLENCE) fill In elso the following: Accidant, suicida, or homicida?
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Lize Ranch (Address)	Where did Injury occur?(Specify city or towns, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Douglas Park Data 23 1937	Manner of injury
19. UNDERTAKER William Gook (Address) 1217 It Paul St	24. Was disaase or injury In eny way raiated to occupation of decaased?
20. FILED 2/18:, 1937 M. n. Buppert Registrar.	(Signed) Acting Corone (Address) Acting Corone
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. X. podlawit flat.

B.—WRITE PLAINLY

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
		4 22 4	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			14-1-1-1

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1

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of OCCUPA.

/ STATE OF	MARYLAND-	CERTIFICATE OF DEATH 1445
A. PLACE OF DEATH		92-0
County Dalto		Registration Dist. No. 44
Village or City middle	tives	No. Toplar Rd. St Ward
Length of residence in city or town where death o	(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
	We P. M.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME davilla	D'Iloca	If U. S. Veteran, specify WAR
(a) Residence: No. Muddle	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH Jeb. 328. 1937
5a. If married, widowed, or divorged	000	(Month) (Oay) (Year)
HUSBAND of Arbect L.	Molle	22. HEREBY CERTIFY, On 1 ettended deceased from
6. DATE OF BIRTH (month, day, and year)	27-1867	I lest saw here alive on Feb 2 - 1937; death is said
7. AGE Years Months	Oeys If LESS than	to have occurred on the date stated above, at 2.30 Am.
67	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	neeurle	Chasure faloulas Treart Date of onset
9. Industry or business in which work was done, as SILK MILL.		1.2 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SAW MILL, BANK, etc	I1. Total time (years)	Organie Vieder Vistory
this occupation (month and yeer)	spent in this occupation	f
12. BIRTHPLACE (city or town) Salts (State or country)	teo.	Other Contributory Causes of importance:
13. NAME Tehanles m	rasson	
14. BIRTHPLACE (city or town)	nany	Name of operation Date of What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME amelia	Lildeman	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME Cimelia 16. BIRTHPLACE (city or town) (Stete or country)		Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Me. Longs 19	gertels	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place aston. Bud. Dat	0 2/5- 1937	Menner of injury
19. UNDERTAKER Johns G. Or (Address) Edges	melly	24. Was disease or injury In any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signed)

20. FILEO Feb. 4th, 1937 John & Connect

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Example I	il il	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR A 1831			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE !	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

V 5 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

	TE OF DEATH
1. PLACE OF DEATH	Registered No.
CITY OF BALTIMORE: (No	St., Ward) (If death occurred in a hospits) or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurredyrs	mosds. How iong in U. S. 1f of foreign birth?yrsmosds.
2. FULL NAME	If U. S. Veteran
(a) Residence: No(Usual place of abode)	St., Ward, Jack Ward. (1f non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowco	21. DATE OF DEATH (month, day, year) 21. I HEREBY CERTIFY, That I took charge of the remains described
5a. If married, wildowed, or divorced HUSBAND of	above, held an thereon and from the evidence (Inquest, Autopsy or Inquiry)
(or) WIFE of 6. DATE OF BIRTH (month, day, year)	obtained by said find that said deceased came (Inquest, Autopsy or inquiry) to death on the day stated above.
7. AGE Years Months Days If LESS than	Data of enset
1 day,hrs	
8. Trade, profession, or particular kind of work done, as spinner,	
kind of work done, as spinner, sawyer, bookkeeper, etc	
work was done, as silk mill, saw mili, bsnk, etc.	
kind of work done, as spinner, sawyer, bookkeeper, etc	Other contributory causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	Was an operation performed? Date of
13. NAME	For what disease or injury?
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	lowing: Accident, suicide, or homicide?Date of injury
16. BIRTHPLACE (city or town)	Where dld injury occur?
17. INFORMANT	piace
(Address)	Manner of injury
18. BURIAL, CREMATION, OR REMOVAL	Nature of injury.
Place A Margal Allen Date J. 10.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER / illy & ? I'll & !	If so, specify
(Address)	(Signed), M. D.
20. FILED 2/13, 193/ Seristra	(Address)

OVET

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

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particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, ctc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Evennleg.

Example I		Example II	and the same of
The principal cause of death and relate causes of importance were as follows:	d Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1 1923	Other contributory causes of importance:	1 year
Transcores	1749 1, 1000		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Imposible to obtain information regarding cauce of death. Refer to letter
filed under Dr. Hubert Gurley, on 4/23/37.

INDUSTRIAL DEPARTMENT	
CLAIM DIVISION: Issued	Form 66 Mar. 1930 PRINTED IN U.S.A.
PROOF OF DEATH—METROPO	DLITAN LIFE INSURANCE CO
It is hereby admitted and agreed that this certificate of Dr	
Policy No. 858/ in accordance with the conditions of said Po	MARAJohall be considered as part of the proof of death under
WITNESS W.G. Wihmman	V & Writt Her Fr Roth Claimans
PHYSICIAN'S	
	giving the following questions full and complete answers in accordance with the instructions
1. F The or Dreshard	1 1 20
2. Residence:	9. Date of your last visit in last illness?
No.5/9 sym N. Taint Rose	10 How long had Deceased been ill when you were called to attend in last illness?
City or Town Delto State No. 3. Date of Brate?	11. Did Deceased ever suffer from any form of tuberculosis? If so, please meetly.
Month Fat Day 10 Year 193 7	700
4. Sex? White or Colored? Age at Deate? Apparent Age?	12. Was Deceased afflicted with any infirmity, deformity or chronic disease? If so, please specify.
5. Place of DEATE? If death occurred in a impolial or institution, give the name.	no no
No. 519 Street D. Print Road	13. Was therefan inquest or post-mortem examination?
City or Town	14. Was Deceased ever treated by another physician or at any hospital or other institution prior to, during, or subsequent to your attendance? If so, please westly time and open dition for which theated.
Junel - Brusho memma	W Titlow - Inglad and - Prayer of trops
	15. Was there any cause, remote or proximate, for the death in the habits, residence, family history, or in the use of alcohol or drugs?
Duration from personal knowledge	ho
Contributory office Ribs - Contusue Chest	16. Occupation? (See reverse side.) (a) Trude, profession, or particular kind of work done, as spinner.
(Duration)	(b) Industry or business in which
th was due to external causes (violence), fill in also the following: (Accident, suicide, or homicide) Date of injury	work was done, as silk mill, saw mill, bank, etc. (6) Was death caused by any condition arising from decedent's occupation?
Specify whether injury occurred in industry, in home, or in public place.	17. Did any member of Deceased's family die of Tuberculosis?
8. Manner of injury, as fall opportune between two lists	Relationship Date
Nature of injury, directure DI P 1 0 01 +	18. Have you previously filled out a certificate for this or any other Company? If so, please specify.
of skull, burns. 19. Please state the Disease or Diseases for which you attended Deceased and dates of atten	dance other than asked in Questions 6, 7, 8 and 9.
From	duration
From 20. Did you certify the death to the Board of Health or Registrar of Vital Statistics?	21. From what college did you graduate and date of graduation?
	nene un Me
Cleo	10 - 10
3 Hereby Certify that the answers as above recorded are complete and	Dated 3/12
Residence: No. and Street 917 11 Charles City or Town 12	ells State Md
(NOTE.—Physician's affidavit will not be required if the amount of the policy	is less than \$500, except on request of the Company.)
On this 15th day of Thurang	
named Me. Yorkest Sauley Coroner	to me known, and made oath that he personally signed the above
certificate and that the answers given to the loregoing questions are true and	6.1'21
Notary or Justice of the Peace must attach Certificate of Authority from County Clerk	SIGNED. MALLAM. 1. Myself and the part of Court of Record to administer the oath, unless official seaf is impressed.
have called of Dr. Durley	and he has personally verified to me the foregoing statements.
Date 2/16 193 7 SIGNATURE	Manager Delacted Assi. Marrager
	Cashier al testimony as to cause of death, duration of disease, etc., as may be required evidence must be produced when requested.
and a copy of the	syldence must be produced when requested.

V. S. No. 1

1	, PLACE OF DEA	TH		TLAND	Jan 1970	JI DEA		1447
/	County Baltin	ore				. Registration Di	ist. No. 30	3
	Village or City Ca			(1f 3_yrs,8_mos	No. Spring Grove death occurred in a hospital or institution. 24 ds. How long in U.S. if of	Hosp.	St.,	number)
2	(a) Residence: No.			t.	If U. S. Veteran, St.,Ward.		ve city or town and	
	PERSONAL AN	ND STATISTI	CAL PARTI	CULARS	MEDICAL CE	RTIFICATE	OF DEATH	
3.	SEX 4. COLO	White	OR DIVORCE	RfED, WIDOWED, D (write the word) ngle	21. DATE OF DEATH	Feb.	2 y (Day)	., 193 ⁷ (Year)
_	If married, widowed, or div HUSBAND of (or) WIFE of		100 (00)			19.23 ., to Fe	b. 27,	deceased from
	DATE OF BIRTH (month, da		1				, 1937.	; death is said
7.	AGE Years	Months 3	Days 7	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEATI were as follows:			Date of onset
ATION	kind of work done	8. Trade, profession, or particular kind of work done, as SPINNER, Seamstress SAWYER, BOOKKEEPER, etc. Seamstress				umonia		2/26/3
OCCUPATION	work was done, as SAW MILL, BANK, 10. Date deceased last wo this occupation (mo yaar)	SILK MILL, etcorkad at onth and TODA	n spe	ime (years) nt in this Life	Arter-io-scl		Pr1(0 2 6 /2 /23
12	BIRTHPLACE (city or town (State or country)	Germa	any					
ER	13. NAME Gerhard	t Sanders	Garha	rdt Pander				
FATHER	f4. BIRTHPLACE (city or t (State or country)	own)Germai			Neme of operation		Date of	14
1ER	15. MAIDEN NAME	Ankja Harr	ns		23. If death was due to external caus	ses (VIOLENCE) fill	In also the followin	g:
MOTHER	16. BIRTHPLACE (city or t (State or country)	own)Germa	ny		Accident, suicide, or homicide?		-	-
17	INFORMANT Sprin (Address) Ca	g Grove H		ds	Specify whether injury occurred in		own, county and Sta IE, or in PUBLIC PI	
18	BURIAL CREMATION, OR	REMOVAL	Date Mich	1. 2 ,19.37	Manner of injury			
f9	UNDERTAKER Had (Address) 4/6	ronf &	t. wie	the	24. Was disease or injury In any wa		ion of deceased?	no
20	FILED Feb 28	1937 ma	uslale	B West	(Signed) Queso (Addrass) Cato	nsville Ma	i.	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	- Pics.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 2 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The contract of the contract o			
Other contributory causes of importance:		Other contributory causes of importance:	50 E
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED B.-WRITE PLAINLY, W

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920
County Baltimore	Registration Dist. No.
Village or City Fairlann	No. Dundalh P O St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	sds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME To harles U Gavage	
(a) Residence: No. 6729, 55 Cive (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND OF martha & Javage	22. OF HEREDY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 6 1906	liast saw h.A. alive on D. L. 1937; death is sald
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 2/2-2-m.
3/ / /3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER A	Testi Cemia aug 193
kind of work dona, as SPINNER. Joek Clerk at	Supto Com Veridos
9. Industry or business in which work was done, as SILK MILY, Butler Bros. SAW MILL, BANK, etc	
kind of work dona, as SPINNER Joch Clerk of SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, BANK, etc 10. Dete decaesed last worked et this occupation (month and left 36 spentin this occupation)	
	Other Contributory Causes of importanca:
12. BfRTHPLACE (city or town) (State or country)	Chance med teasilities aug 1936
13. NAME august Savage	
13. NAME Ungust Javage 14. BIRTHPLACE (city or town)	Name of oparation. Date of
(State of country)	What tast confirmed diagnosis? Was there an autopsy? Was
15. MAIDEN NAME Augusta Krisseler 16. BIRTHPLACE (city or town) - Manual	23. If death was due to external causes (VIOLENCE) fill in elso tha following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
(State or country) Sermany	Where did injury occur? (Specify city or town, county and State)
(Addrass) 6729 5 me.	Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Christ Luthern Chur this an Tel 17, 1937	Netura of injury
19. UNDERTAKER John + Danny	24. Was disease or injury In any way ralated to occupation of deceased?
(Address) 715 Light St	If so, specify
20, FILED. MIS/33 Minlearmel	(Signad) Address) A St. St. D. M. D.
To the state of th	4-9-1-17-1

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
SA SECOND VIEW				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

Jr	DEATH	144	
	, A		

	PLACE OF	DEATI	н			(91:0)	2
	County	В	altimor	•		Registration Dist. No.	50
	Village or Ci	ity	Catonsv	ille		No. Spring Grove State Hospital St.	Ward
	Length of resid	dence in city	or town where	death occurred.	3 yrs 10 mos	death occurred in a horpital or institution, give its NAME instead of street a 24_ds. How long In U.S. if of foreign birth?yrs	ind number)mosds.
2.	FULL NAT	ME	Schaefe	r, Bell	9	If U. S. Veteran, specify WAR	
	(a) Residen	ce: No	2654 Pc		Baltimore,		
ANDRO	PERSON	AL AND	STATIST		TICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. S	Female	4. COLOR	OR RACE	OR DIVOR	ARRIED, WIDOWED, CCED (write the word) rried	21. DATE OF DEATH February 24 (Month) (Day)	, 193 7 (Yeer)
5e, I	If merried, widow HUSBAND of	ed, or divorce	ed				
	(or) WIFE of	J	ohn Sch	aefer		22. I HEREBY CERTIFY, Thet I etten Nay 31st 19 34 to 2=24-	, 1937
6. D	ATE OF BIRTH (month, dey,	end year)	11-13-6	55	I lest sew h.er elive on Feb 24th 19	37; death is said
7. A	GE Yee	rs	Months 2	Deys	If LESS then I dey,hrs. ormin.	to heve occurred on the date steted above, et. 3.; QQ. Am. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	12
z	8. Trede, profes	sion, or pert	ticuler			Arterio sclerosis	Prior
9	kind of work done, es SPINNER, Housewife					Chronic myocarditis	5-31-34
OCCUPATION	9, Industry or work was SAW MIL	business In v done, as SII L, BANK, etc	LK MILL.	Life		Chronic Endocardtis	19
000	10. Date decease this occupyear)	ed lest worke pation (month	ed et h and 5-31-3	4 11. Tot	tal time (years) spent in this occupetion Life		
12.	BIRTHPLACE (cit		Ma ry	land		Other Coutributory Causes of importence:	
2	I3. NAME	Geor	ge Oliv	er			
FATHER	14. BIRTHPLACE (Stete or	(city or tow	2)	e la nd		Neme of operation None Dete	
ER	15. MAIDEN NA	ME Is:	abelle	McDowel:		23. If deeth wes due to external couses (VIOLENCE) fill In elso the folio	
MOTHER	16. BIRTHPLACE (State or					Accident, suicide, or homicide?	
17.	(Address)	ecords	Spring	Grove	State Hospit	(Specify city or town, county and [Specify city or town, county and specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC NODE	PLACE.
18.	Plece Par	Ctrus	no Centra	Ley Dete FR	1.26 ,37	Manner of injury NQN9	
19.	UNDERTAKER (Address)	olyu	O. W.	telul	tous	24. Wes disease or injury in any way related to occupation of deceased if so, specify	
20.	FILED 24	14.,19	37.	6 Gu	Steel J Registrar.	(Signed) Spring Grove State Hospit Catonsville, Md.,	31, M. D.

If more blacks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	92.60
County Dalb (S.	Registration Dist. No. 40
Village or City Hyde Sud.	No. St., Ward
Length of rosidence in city or town where death occurredyrs,me	osds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Man Schaer	If U. S. Veteran, specify WAR
	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	
(OP) WIFE OF Solu C. Schooler	22. I HEREBY CERTIFY, That I attended deceased from
6/1/2/ 0/604	150, to 100, 115
6. DATE OF BIRTH (month, day, and year)	I last saw how alive on the said alive of the said alive of the sa
7. AGE Years Months Days If LESS than 1 dayhrs	to have occurred on the date stated above, at
52 / S ormin.	were as follows:
8. Trade, profession, or particuler kind of work done, es SPINNER, House Of ife SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	Vinetalhemonheso - Van
work was done, as SILK MILL, SAW MILL, BANK, etc	- A LAND THE THE REAL PROPERTY OF THE PARTY
10. Date deceased last worked at this occupation (month and year)	
mi.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	The And I was a Change
II 13. NAME	Walvular Hust any 3 br
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stete or country)	What test confirmed diagnosis? Was there an autopsy?
置 15. MAIOEN NAME	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
17. INFORMANT John C. Selecter (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Trinty Company Date Feb, 13, 19)	Nature of Injury
19, UNDERTAKER CASIONS E, Cithun	24. Was disease or injury in any way related to occupation of deceased?
(Address) For with	If so, specify
2/12/2 Statter mothermout	(Signed) A PALLSO MY TIMM M.
20. FILED Registrar.	(Address) Balann

V. S. No. 1

N. B.-WRITE PLAINLY,

Exact statement of OCCUPA-

stated EXACTLY

properly classified.

be

UNFADING INK-THIS IS A PERMANENT

mation should be carefully supplied. AGE should be

CAUSE OF DEATH in plain terms, so that it may

FOR BINDING

MARGIN RESERVED

CORD. Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
		3			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis FFD a	1 year		
		20 1937			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OCCUPA PHYSICIANS that in plain carefully important. DEATH pe plnods OF

BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH County Baltimore Jo Village or City Fullerto Length of residence In city or town where death occurred St. sual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Months Days If LESS than I day,hrs. or min. 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.... f O. Date deceased last worked at 1f. Total time (veers) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) (State or country) FATHER f3. NAME f4. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME f 6. BIRTHPLACE (city or town (State or country **f7. INFORMANT** (Address) f8. BURIAL, CREMATION, OR REMOVA Menner of injury CAUSE LION Nature of Injury. 19. UNDERTAKER (Address) If so, specify 20. FILED

Registration Dist. (Il death occurred in a hospital or institution ive its NAME instead of street and number) How long In U.S. if of foreign birth?______yrs._____mos.____ds. If U. S. Veteran, specify WAR_ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I ettended deceased from The PRINCIPAL CAUSE OF DEATH end related causes of importance Date of onset Name of operation.... What test confirmed diagnosis? 1 Was there an autopsy? ... 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19__ Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No.

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Gallstones	May 1,1923	Gastroenterilis	1 year		
		/ 4			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENT	S BY	PHYSICIAN
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1. PLACE OF DEATH	
County Salto	Registration Dist, No.
Village or City Texas, Ind.	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s. 2.2 ds. How long in U.S. if of foreign birth?
2. FILL NAME SPARA P. SAL DATE	(NS Nex Won - no)
(a) Residence: No. Middle River Md. (Usual place of abode)	St., Ward almshouse Taxas Ind.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH () () () () () () () () () (
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. J. HEREBY CERTIES. That I attended deceased from
(or) WIFE of	1937 to HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Punc 10 1869.	I last saw h wa alive on St. ob. 18 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 30, m.,
67 3 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	DA
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Chromo Valrelar Endocardetis 1934
9. Industry or business in which work was done, as SILK MILL. Larmate A allustrate SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the superior of the state of the superior	2
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importence:
(State or country)	Hullertorthe Certain
W 13. NAME Gulanous	Sea. aerenia
14. BIRTHPLACE (city or town) unknown	Name of operation
(State of country)	What test confirmed diagnosis? Class Eal Was there an autopsy? N.C.
15. MAIDEN NAME home	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / Pegsols of Manufacture. (Address) Texas In a.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piacel Molos Warsha Oate Feb 21 195/	Nature of injury
19. UNDERTAKER William la Brooks & Son	24. Was disease or injury In any way related to occupetion of deceased?
(Address)	If so, specify Arglesean Comments
20. FILED T-est 24, 19,3 1 William & Latin Coll	(Signed) Certain Sign. and

. S.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	5	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAR 5 1931				
- V 6				
Other contributory causes of importance:	12	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MAR 8 1937			3.00	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

should state of OCCUPAof infor-Exact statement properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may See instructions on back supplied. mation should be carefully TION is very important. -WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

1. PLACE O	F DEATH			93-6			
County	Village or City Catonswille			Registration Dist. No. 30			
				death occurred in a hospital or institution, give its NAME instead of			
Langth of res	idence in city of town where	death occurred	yrs5mos	ds. How long in U.S. if of foreign birth?yrs	d		
2. FULL NA	ME Mary	KFE.Schm	idt	If U. S. Veteran, specify WAR			
(a) Resider	nce: NoCa	tons vill (Usual place	e 11d of abode)	St., Ward. If nonresident give city or	town and State		
PERSON	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DE	EATH		
3. SEX	4. COLOR OR RACE White	5. SINGLE, MAP OR DIVORCE	RRIED, WIDOWED, D (write the word) Wed	21. DATE OF DEATH February (Month) (Day)			
5a. If merried, widow HUSBAND of (or) WIFE of	Widowed	Henry	Schmidt	22. 1 HEREBY CERTIFY, Thet I Feb. 1st	16th 1937.		
	(month, dey, and yeer) of the ars Months	Days	If LESS than	to have occurred on the date steted above, at 7:30Am.	., 17. C1, ucain is so		
	77 7	17	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of import were as follows:	4		
8. Trade, profe	ession, or particular work dona, es SPINNER, BOOKKEEPER, etc.	Housewif		Arteriosclerosis	Prior		
SAW MI	business in which is dona, as SILK MILL, LL, BANK, etc	Lafe	time (years)	Chronic Myocarditis			
this occurrence of the second occurrence occ	ity or town)Balt	spe occ	entin this Life	Other Coutributory Causes of importance:			
업 13. NAME	Henry Kr	lok					
14. BIRTHPLAC	E (city or town)	rmany 4		Neme of operation None What test confirmed diagnosis? Clinical Was			
15. MAIDEN NA				23. If death wes due to external causes (VIOL ENCE) fill in also th			
and I	E (city or town) r country) (Germany		Accident, suicide, or homicide? NO Date of inju Where did injury occur? None (Specify city or town, coun	nty and State)		
17. INFORMANT (Address)	Chas. L. Schmid	it M.D Md		Specify whether injury occurred in INDÚSTRY, In HOME, or in F	'UBLIC PLACE.		
18. BURIAL, CREMA	TION, OR REMOVAL	Detatel	19 ,137	Menner of Injury Bone Nature of Injury None			
19. UNDERTAKER (Address)	Harry 91. In 4101 ramon	son andale	B brd.	24. Wes disease or Injuty In eny way releted to occupation of declif so, specify (Signed)	leessad? N. ne		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis MAD 9 1997	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BUDGAU V. S.	1 2				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

(Address) ____

Date of onset

Was there en autopsy?_()-()

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ATTET TOSCIETOSIS	1915	Attack of epilepsy	1 week ago
Chronic interstitial neparitis MAR 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Address)

19. UNDERTAKER (Address)

20. FILED.

18. BURIAL, CREMATION, DR REMOVAL

OCCUPA.

of

STATE OF MARYLAND—CERTIFICATE OF DEATH Baltimore County Registration Dist. No. No. Spring Grove St. Hospital St., (If death occurred in a hospital or institution, give its NAME instead of street and number) Catonsville Village or City_ mos. 29 ds. How long in U. S. if of foreign birth? 50 ? yrs. mos. ds. Length of residence in city or town where deeth occurred Ida Skalinski 2. FULL NAME If U. S. Veteran, specify WAR 1613 Fleet Street, Baltimore St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) February 26 female white (Month) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY, Thet I ettended deceased from (or) WIFE of Joseph Skalinski October 28 19 22 to February 26 February 26 1861 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Deys to heve occurred on the dete steted above, et __ 10:05mp.m. Months If LESS than 75 ? 1 dey,____hrs. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance or____min. Date of onset 8. Trede, profession, or perticuler kind of work dona, es SPINNER, SAWYER, BODKKEEPER, etc.... OCCUPATION housewife Lobar pneumonia 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date decesed last worked at 11. Total time (yeers) this occupation (month and yaer) spent in this occupetion __40 yrs Poland 12. BIRTHPLACE (city or town) (Steta or country) Arteriosclerosis FATHER Hypertension 13. NAME Michael Garchinki Poland 14. BIRTHPLACE (city or town). (Stete or country) finding were en sulopsy? no What test confirmed diegnosis? Clinical MOTHER Frances ? 15. MAIDEN NAME 23. If deeth wes due to external ceuses (VIDL ENCE) fill in elso the following: Poland 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? (Stata or country) Where did injury occur?____ Adam Skalinski Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

1934 Eastern Avenue. Baltimore

Nature of injury If so, specify

(Address) Spring Grove State Hospital Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Catonsville, Md.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
ductones	Muy 1,1925	Oustroenter itis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritts	1 year
			44

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



. Fruit bett

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V.S. No. 1

WARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WHITE | A- | STATE OF MARYLAND— | CERTIFICATE OF DEATH | 58 | |
|--|--|--|---------------|--|
| state
UPA- | 1. PLACE OF DEATH | 93-5 | 7 | |
| should
f OCC | County Jellimore | Registration Dist. No. |) | |
| sho
of (| Village or City_EUDUWOOD_SANATORIUM, TOWSUN. | No. St., death occurred in a horpital or institution, give its NAME instead of street and nu | Ward | |
| | | 20_ds. How long in U.S. if of foreign birth?mos | | |
| IA) | 2. FULL NAME Welliam Eric Smith | If U.S. Veteran specify WAR. | | |
| PHYSICIANS
ict statement | (a) Residence: No. Street, Harfard Committee (Usual Mace of abode) | St., Ward. If nonresident give city or lown and S | tate | |
| Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| Α, | 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) | 21. DATE OF DEATH lunary 22 (Month) (Day) | 193. 7 | |
| X A C T I | 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Mus. William Fruith | 22. 1 HEREBY CERTIFY, Thet! attended de February 2, 1937 to February 2; | eceased from | |
| | 6. DATE OF BIRTH (month, day, end year) Garage 1, 1990 7. AGE Years Months Days If LESS than | I lest saw h alive on February 22, 1997; to have occurred on the dete steted above, at 12:30 Pm. | death is seld | |
| stated E
properly
certificate | 47 1 21 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importence | Date of onset | |
| be
of | kind of work done, as SPINNER, Jaborer | meningitis (undertermin | ed) | |
| nay
back | 9 Industry or business in which work was done, as SILK MILL, | 0 | Dec. | |
| s sh
t it
on | 9. Industry or business in which work was done, as SILK MILL, Saw MILL, Bank, etc. 10. Dete deceased last worked et this occupation month end 1936 spent in this 30 occupation. | | 1936 | |
| pplied. AGE
erms, so that
instructions o | 12. BIRTHPLACE (city or town) Baltimon (State or country) Many Land. | Other Contributory Causes of importance: | Die. | |
| illy supplied
plain terms,
. See instru | # 13. NAME William Swith | | 1936 | |
| suppl
n terr
ee in | | Name of operation Dete of | | |
| y sur
lain to
See | 14. BIRTHPLACE (city or town) | What test confirmed diegnosis? | 100sv7200 | |
| efull
in p | 15. MAIDEN NAME Posena Stakes | 23. If deeth was due to external causes (VIOL ENCE) fill in also the following: | | |
| 2 | 16. BIRTHPLACE (city or town) England. | Accident, suicide, or homicide? Dete of Injury | , 19 | |
| be cal
EATH
import | Personal HistoryHospital Record | Where did injury occur? (Specify city or town, county and State) | | |
| PA | 17. INFORMANT TOWSON . Md. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC | E. | |
| 700 | 18. BURIAL, CREMATION, OR REMOVAL | Menner of Injury | | |
| SE
V is | Place theet Indian 25,1932 | Nature of Injury | | |
| THO | 19. UNDERTAKER Liberto B Zarbing | 24. Wes disease or injury in any way releted to occupation of deceased? | vu. | |
| | 20, File 10 19 , 157 State of Registrar. | (Signed) All Dridges (Address) Towson, Md. | M. D | |
| 9 | If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | | |

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis 320 g 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NUNEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state

every item of infor-

0	All	por		li.
-	1	10	1	7
.1	4	U	R	

1.	1. PLACE OF DEATH					20 (30)	
	County Baltimore					Registration Dist, Np. 3 C)_
	Village or City Mt. Wilson					MU. WILSON Branch, Md. No. Tuberculosis Sanatoriumst, death occurred in a hospital or institution, give its NAME instead of street an	Ward d number)
	Length of	rasidanca in o	city or town where o		Dyrs4mos.		mosds.
2.	FULL N	AME	Minnie			If U. S. Veteran, specify WAR	
	(a) Resid	lence: No	243 Mc(Curley S		St., Ward. Baltimore, Md.	
-	DEDOG			(Usual place		If nonresident give city or town and State	
3. SI			ND STATIST			MEDICAL CERTIFICATE OF DEATH	
	emale		White	or divorce	RIED, WIDOWED. D (write the word) DWEd	21. DATE OF DEATH February 22nd (Month) (Day)	, 193.7 (Year)
5a. 1	f married, wid HUSBAND o	lowed, or div					
	(or) WIFE of		Unknow	wn		22. I HEREBY CERTIFY, That I attends Oct. 19th. 19 31 to February	
6.0	ATE OF BIRT	II /month d	ay, and year) Fel	bruary 2	22nd,1869		; death is said
7. A		Years	Months	Days	If LESS than	to have occurred on the date stated above, at 4.50R.m.	, 00001113 3414
		68	0	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
-1	8. Trade, pr	ofassion, or	particular			were as rollows.	Date of onset
OCCUPATION	kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceasad last worked at this occupation (month and spent in this)					Pulmonary tuberculosis	Sept. -1931
12. 1	12. BIRTHPLACE (city or town) Baltimore County,					Other Contributory Causes of importance:	
01	(State or o	**	Maryla			None	
里-	13. NAME	Hen				TT 1.*	
FATHER	14. BIRTHPL					Name of operation No operation Data of	
2		or country)				What test confirmed diagnosis? X-ray, and was there a cubercle bacilli were found i 23. If death was due to axternal causes (VIOLENCE) fill in also the follow	n autopsy?IVO
-	15. MAIDEN NAME Elizabeth Wagner 16. BIRTHPLACE (city or town) Unknown						
S S	16. BIRTHPL		(OHH)	nown		Accident, suicida, or homicida? Data of injury	, 19
17. INFORMANT Ouis R. Saluerlolz (Address) Mt. Wilson, Md.				aluerlo	ly.	Where did injury occur? (Specify city or town, county and S Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate) PLACE,
18. E	18. BURIAL, CREMATION, OR REMOVAL					Manner of injury	
	Placa Pounders. Pels Data 2/25/3,79				25/3 79	Natura of injury	
19. UNDERTAKER Harry H Wille				min	de	24. Was disease or injury in any way related to occupation of dacaased?	No
20. 1	20. FILED 23 , 19.37 G. G. W. W. Registrar.					(Signad) Stru C. Swell Addres) Mt. Wilson, Md.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis. 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
1 ac ~4 1937

V. S. No. 1 N. B.- OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1461			
1. PLACE OF DEATH ,				
County Baltemore	Registration Dist. No.			
Village or City Catousville	No. Harlene Lodges St., Ward			
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.			
CTANOFC				
2. FULL NAME DIANGE CARROLL	S BARTS West			
(a) Residence: No. 3 # 3 No. 18 au (Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH february // (Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That attended deceased from			
(or) WIFE of	December 260, 1926, to February, 1937			
6. DATE OF BIRTH (month, day, end year) Der 7, 1911	Hast saw h. non- alive on Le Brusary 11, 1927; death Is said			
7. AGE Years Months Days If LESS than 1 dey,	to have occurred on the date stated above, at			
009 2 4 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:			
8. Trade, profession, or particular kind of work done, es SPINNER, Aralistast SAWYER, BOOKKEPER, etc.	Croupous Tueumomo 11737			
9. Industry or business in which				
work wes done, as SILK MILL, SAW MILL, BANK, etc.				
year) occupation	Other Coutributory Causes of importance			
12. BIRTHPLACE (city or town) 2 allo (State or county) ma	Faranoid Schuzophreus			
	Crolum Discour			
E BODA	Neme of operation Grassussesson Date of Fed 3			
[State or country)	Whet test confirmed diegnosis? Was there an au'opsy?			
I 15. MAIDEN NAME Florence a Hall	23. If death was due to external causes (VIOLENCE) fill in elso the following:			
15. MAIDEN NAME Flarence a Hall 16. BIRTHPLACE (city or town) Balto (State or country)	Accident, suicide, or homicide? Date of injury, 19			
(State or country) hid.	Where did Injury occur? (Specify city or town, county and State)			
17. INFORMANT Isaar H. Stange (Andress) 3 K 3 Parebankare	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury			
Date Date 10	Nature of Injury			
19. UNDERTAKEN Selle age Cost 6	24. Was disease or Injury in any way related to occupation of deceased?			
(Address) 12/7 SX (Yall Quest	If so, specify			
20. FILED 12 , 193 , Registrar.	(Signed) Lucy of M. D. (Address) Otouthelle M. D.			
If more blank are goodel, date of State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		grand of the second of the sec	

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PURITURE N



Date of onset

_____yrs.____ mos. ___ ds.

----- Was there en eutopsy?_____

should of i	County Balts	Registration Dist, No. 30
shol of O	Village or City Quluravella (If	ND. St., death occurred in a hospital or institution, give its NAME instead of street and number)
D. Every SICIANS tatement	2. FULL NAME Charles Noble St.	St., Cases Survey of foreign birth? yrs. mos. St., Cases Survey of foreign birth? yrs. mos. If nonresident give city or town and State
PHY act s	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) C Much	21. DATE OF DEATH I 22 of (Yay) (Yay) (Yay)
BINDING FERMANEN EXACTI y classified te.	5a. If marriad, widowed, or divorced HUSBAND of Clase Strattons (or) WIFE of Clase Strattons	22. PI HEREBY CERTIFY, That I attended deceased 19 8 P. to 1 2 2 19
OR S A P ated operl	6. DATE OF BtRTH (month, day, and year) Wash 19, 1867 7. AGE Years Months Deys If LESS than t day, hrs. or min.	I last saw h allve on
RVED—THIS ould be may be pack of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and 1972) a spent in this occupation (month and 1972).	Jalmonan Libertalia Who
Z 4 O	10. Dato deceased last worked at this occupation (month and 19 0 occupation wear) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
MA fr U sup in te	13. NAME I Leavery Stratton 14. BIRTHPLACE (city or town) (State or country) **Towns**	Name of operation Date of What test confirmed diagnosis? Was there en eutopsy?
LY, we be careful EATH in important	15. MAIDEN NAME Platethel Strallow 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs Elsie Sliatlow	23. If death was dua to extarnal causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
TE PL n shou IE OF is ver	18. BURIAL, CREMATION, OR REMOVAL Placa Hopkurs Chapitoate 2.25, 193.7	Menner of injury
S. No. 1 B. WRI CAUS	19. UNDERTAKER J. C. H. including for (Address) Children City med for 20. FILED 25. 19. Allandical	24. Was disease or injury in any way related to occupation of deceased? hu If sa, specify (Signed) / Albert Harden
> Z	Registrar.	(Address) 102 winters, Catorio will

1. PLACE OF DEATH

Y. That I attended deceased from

2 / , 19 3 7; death is said 30 m.

Date of

Date of injury _____, 19_____

pation of deceased?

If more blanks are newact, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	- 11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Land Control of the C			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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V. S. No. 1

四

should state

OCCUPA-

1. PLACE County Village

Length of

PERS

2. FULL (a) Resi

5a. If merried, w HUSBAND (or) WIFE

6. DATE OF BIR 7. AGE

8, Trade, p

19. UNDERTAKER

(Address)

3. SEX Male

3 S	TATE OF	MARY	LAND-	CERTIFICATE OF DEATH	1462
OF DEAT	гн				
	t. Wilson		(If yrs,6mos	Registration Dist. No. Bo. No. Unit Wilson Branch Md. No. Unit Wilson Branch Md. No. Unit Wilson Branch Md. No. Unit Wilson Branch Md. No. Unit Wilson Branch Md. No. St., Ideath occurred in a hospital or institution, give its NAME instead of street and d. d. How long In U. S. if of foreign birth?	Ward d number)
NAME	Leonard	Szymar	nski	If U. S. Veteran, specify WAR	
dence: No	706 S.	Broadwa (Usual place o		St., Ward. Baltimore, Md. If nonresident give city or town a	and State
ONAL AN	D STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
W	hite		(write the word)	21. DATE OF DEATH February 16th. (Month) (Day)	, 193. ⁷ (Year)
idowed, or divo		ngle		22. I HEREBY CERTIFY, That I attended August 10th, 1936, to February	16, 19 37
TH (month, day	, and year) Feb:	ruary '	7th,1909	Hast saw him elive on February 16th, 193	Z; death is said
Years	Months	Days	If LESS than	to have occurred on the date steted above, at 7.15P.m.	
28	0	9	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
rofession, or pa of work done, YER, BOOKKEE or business In	es SPINNER, PER, etcSi which	alesmaı	1	Pulmonary tuberculosis	Feb.
was done, es S MILL, BANK, e ceased last wor occupation (mon)	etc ked et	spen	ne (yeers) Un- tin this pation known		
(aitu or town)	Burlin	gton.		Other Contributory Causes of importance:	

OCCUPATION 9. Industry work SAW 10. Date de year New Jersey. (State or country) Szymanski William FATHER 13. NAME Unknown 14, BIRTHPLACE (city or town) ... Poland (State or country) MOTHER Unknown 15. MAIDEN NAME Unknown Accident, suicide, or homicide? __. 16. BIRTHPLACE (city or town) Poland (State or country) Where did injury occur?___. (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Schuerhol 17. INFORMANT _ ilson (Address) 18. BURIAL, CREMATA Manner of Injury

Nature of Injury 24. Was disease or injury If so, specify

Augus 1936

(Signed)

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

			The same of the sa	- 3	4	
ADDITIONAL	CITY A CITY	TOD	THE TENEDRE THE STATE	CHARLET A PROPERTY AND ADDRESS OF THE PARTY AN	TENCY TOWN	TATESTOT OF A BY
ADDITIONAL	SPAUE	PUR	BELLIKE HIRSKO	STATEMEN	VISCHY	PHYSICIAN
	~~ ~~ ~~	7 0 7 -	T - NAV TT - NAV	Car war witness of war	A 20 PM. 20 20 20	T AL A WA WILLIAM

8

STATE OF MARYLAND—CERTIFICATE OF DEATH

Exact statement of OCCUPA-

IS A PERMANENT stated EXACTLY.

AGE should be

FOR BINDING

MARGIN RESERVED H UNFADING INK—THIS properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLA

S. No. 1

CORD. Every item of infor-

1. PLACE OF DEATH	- ALE
County Balto	Registration Dist. No. 3 3
Village or City Ilundon	No. St Ward
1 15	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	yrsds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME / fry I les	If U. S. Veteran, specify WAR
(a) Residence: No. Skyndon	St., Ward.
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED	
Finale It lite. Mario	rije tha word) 7 102 7
Sa. If marriad, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of	22. I HEREBY CERTIFY, That I attended decaased from
(or) wire of 1 apoceon year	- Jan 28, 1936 to Feb 18, 1937
6. DATE OF BIRTH (month, dey, and yaer) March 25	1862 last sew here alive on Feb 18 1937; death is said
	If LESS than to heve occurred on the date stated abova, et 11
	dey,hrs. The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance ware es follows:
8. Trade, profession, or particular	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Elironic myscarditis 1934.
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and	
10. Date deceased lest worked at this occupation (month and year)	this
Balto to	Other Contributory Causes of Importance: Exercisiona of Liver 1936
12. BIRTHPLACE (city or town) Sauce (State or country)	Garcinoma of diverse 1736
13. NAME John Jumbough	Jangerene of St. for 2/1/1/2
14. BIRTHPLACE (city or town) - Patts	Neme of operation none Dete of None
(State of Country)	What test confirmed diagnosis? Eliminal. Was there an autopsy? The
15. MAIDEN NAME Mary Bobblitz	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Bobblitz 16. BIRTHPLACE (city or town) Gatter Complete (State or county)	Accidant, suicide, or homicide? Dut Date of Injury 2001, 19
State or country)	Where did injury occur?
17. INFORMANT Mis a. Merryman	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,
(Address) Thesvilled Mid	Isone
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Trone
Place asbury M Elembata Leb 2	20, 1032. Nature of Injury None.
19. UNDERTAKER F. F. Eline & Jones	24. Was diseasa or injury In any wey related to occupetion of deceased?
(Addrass) Pustustown mod.	If so, spacify
20. FILED Feb. 20, 19. 3. 7 Alunbine	(Signed) D. A. Eaples M.D. Registrar. (Address) Revaters town, mg
	Acgustar. " (Addiess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as f	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	C.C.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	rs and	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR TO	July 5, 1927	Peritonitis	3 days ago
	MUNEAU			
Other contributory cause	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 1464
County Bulto -	21
	Registration Dist. No.
Village or City asuland	NoSt.,War f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 23 yrs mos	sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME SOMAL Aloreas	Thompson
(a) Residence: No. Oshland med	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (1)
female white married	(Month) (Day) (Year)
a. If married, widowed, or divorced	(101)
(or) WIFE of George a. / houghore_	22. I HEREBY CERTIFY, That I attended deceased from
PATE OF DIETE	, 19, 19, 19, 19, 19, 19, 19, 19
. AGE Years Months Deys If LESS than	I lest saw h; death is sa to have occurred on the date stated above, at
60 4- 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	
9. Industry or business in which	Hound dead
kind of work done, as SPINNER, SAWYER, BDDKKEFFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his occuration (month and and and and and and and and and and	(Partially) Oran and and
10. Date deceased last worked at this occupation (month end 13 7 spent in this occupation)	The vivia for the way
year) occupation Joyu	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) TWO Carriel.	Other Continuery Causes of Importance.
(State or country) Md,	
13. NAME Jones -	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diegnosis? Austro-Wes there an eutopsy? D
15. MAIDEN NAME Line Ruley. 16. BIRTHPLACE (city or town) Parketon	23. If death was due to external causes (VIDL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Farketine	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
7. INFORMANT Mrs. Elma Hendlass.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Cutsey Sille Ind!	
8. BURIAL, CREMATION, DR REMOVAL	Menner of Injury
Place Jessops - Date Feb. 21, 1937	Nature of injury 1- Walter alle Conge
9. UNDERTAKED Com C Burolo Son	24. Was disease or injury In any way related to occupation of deceased?
(Address) Eparles mel	If so, specify
O. FILED Feb 24 1937 William & Chiloral	(Signed) Diffmer O. Ouser M. (Address) Cickey wille And
U. FILED T	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHE	R STATEMENTS BY PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-ECORD. Every item of infor-TH UNFADING INK-THIS IS A PERMANENT TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, W.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1465
1. PLACE OF DEATH County Balkings	23 2 2 4 4
Village or City Stationer's Court	No. 821 I - Street St., Ward
Length of residence in ordy or town where death/occurred vrs. 12 may	f death occurred in a horpical or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmos,ds
2. FULL NAME BODY Roosevelt 10	July H.
(a) Residence: No. 821 V. Street	St. Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF BEATH
Musle Col. OR DIVORCED (write the word)	Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. A I HEREBY CERTIFY, That I attended deceesed from
(or) WIFE of	an 28 1936, to 2eb 10 1937
6. DATE OF BIRTH (month, dy, and year)	i last say h is alive on tel 8 , 19 3]; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	mere as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Tuble en lous feritoritios Coupleur
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city of town) Baltimore	Other Contributory Causes of Importance:
(State or county)	Ontracy Julia works
13. NAME Rossevelt Joyen.	30
13. NAME Cosevel out of 14. BIRTHPLACE (city or town) Little to 1	Name of operation
(State of country)	What test confirmed diagnosis? Physical Was there an autopsy? Ka
15. MAIDEN NAME Mariou Chams 16. BIRTHPLACE (city or town) Annapolis (State or Golden)	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of Augusty)	Where did injury occur? (Srecify city or town, county and State)
17. INFORMANT OF OVERSON (Address) 82 J. Street	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OPEMATION, OR REMOVAL LOCAL 3	Menner of injury
Place III Suburu Date Flev. 13, 193	Nature of injury
19. UNDERTAKER Cokenth Council St. (Address) 80 4 n. Calvaling St.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1 1. 12 19374 Bullary ich in	(Signed) Ralph Y. James M. [(Address) 124 & harmont
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gollstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3

V. S. No.

	1400				
PLACE OF DEATH	CTATE OF MADY AND				
D A	STATE OF MARYLAND				
County Called Manager	CERTIFICATE OF DEATH				
	Registration Dist, No. 42				
Village or City & Nota thursbe (No.	echt Oste Ward) (If death occurred li				
2FULL NAME Halforeful Ellig	a hospital or institution, give its NAME in stead of street and number.)				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH				
MARRIED, WIDOWED.	126. 3-195/ 192				
Torream Welle (Write the word) been Co	(Month) (Dsy) (Year)				
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from				
N 1 11 02	Tebruar 12 19\$ (3% Ih 13th 19\$6:				
Delleston T. T. J.	7 7 117				
(Month) (Day) (Year)	that I last saw h alive on 17 , 1527				
7 AGE [If LESS than	and that death occurred on the date stated above, atm				
dayhrs.	The CAUSE OF DEATH * was as follows:				
yrsds. ormin.?					
8 OCCUPATION (a) Trade, profession or	2				
particular kind of work	Suncho preunious; proceeded by a				
(b) General nature of industry	resperatory infection; type, unknown, Ceoff.				
business, or establishment in which employed or (employer)	(Durstion) yiemoeds.				
	Contributory / Ox accuse				
9 BIRTHPLACE (State or country)	Secondary				
Wellere Meacyland	(Dustion)mosde				
10 NAME OF	(Signed) VEdera V. Butter M.D.				
Seorge 1 anelon 12016	2. 10. 5 1927. (Address) Reany - Mr.				
U 11 BIRTHPLACE OF FATHER	(Address)				
Z (State or country) pluces luces	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.				
IZ 12 MAIDEN NAME					
of Mother neace cisosetrages	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)				
13 BIRTHPLACE					
(State or Country) of Coereins (Class	At place of death yrs mos ds. In the State yrs mos ds.				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?				
THE ABOVE IS INDE TO THE BEST OF MI KNOWLEDGE	Former or				
Unformant to for marie flott	usual residence				
A A A A	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL				
(Address) Leelellat 30 Mellellato	e- poreolow ters Set 16, 193				
15 11 11 00 111 11	20 UNDERTAKER ADDRESS				
Filed fely 16 1923 Wester ger	11/1/201 // 17 13 0+00				
Registrar	1. Wellepert Von Woo Elawy				
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.					

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (rc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, Foreman, first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day At school, or At home. Care should be taken For persons who have no occupation (a) the kind of work and also (b) the engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Maleurin & Beth

use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. tetanus) may be stated under the head of "contributory." causing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Committee on Chronic Example: Measles (disease "" "Coma," "Convulsions, etc. The contributory affection valvular heart Nomenclature Always qualify all need not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ECURD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. WRITE PLAINLY, WT

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Baltimore	Perioduction Diet No. 3
	Registration Dist. No.
Village or City Cappa and	death occorded in hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sharles Name	2
(a) Residence: No. Joska Robertola Co	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 18 1937
5a. If married, widowed, or divorced HUSBAND of	(Month) (Dey) (Year)
(or) WIFE of Geneving Variety	22. HEREBY DERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 8-24-1905	Hast saw, bein alive on Seh. 18 1937, death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, alm.
3 / 5 24 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8: Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Tuliumase Vila pulario
9. Industry or business in which	The state of the s
work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month end spent in this	
year) occupation	Other Control of the other transfer or the o
12. BIRTHPLACE (city or town) Bulta of	Other Contributory Canees of importance:
(State or country)	
13. NAME William Name	
14. BIRTHPLACE (city or town). Ballon	Neme of operation Dete of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME GRANOUNT Cely	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME (Accordant Color of State of Sta	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did Injury occur?
Descerie No 8	(Specify city or town, county and State) Specify whelher injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Office Red (Vanct	- specify manual manual of
18. BURIAL, CREMATUSE, OR REMOVAL	Manner of Injury
Castreday Date 2-22, 1937	Nature of Injury
19. UNDERTAKER Deonard Joych	24. Was disease or injury in any way related to occupation of deceased?
(Address) 1305 Harfard 19	If so, specify
20. FILED J. St. 19.37 UM. Bacou - Registrer.	(Signed) ALL SOLE M. D
	2421 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
MAR 8 1937			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
The state of the s			

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	SIACE	I OIL	PURLIER	STATEMENTS	DY	FRISICIAN

3 days ago

mportance:

1 year

CIAN

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 1468
1. PLACE OF DEATH	(3)
County & allunate	Registration Dist. No. 30
Village or City Dowlow	No. 203 Dunden Letterse Ward
Length of residance in city or town where death occurred yrs 3 gos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foralga blith? 37yrsmosds.
9 8 11) (16.	N /
2. FULL NAME PRACE & Walt	If U. S. Veteran, specify WAR
(a) Residence: No. 203 (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (agrice tha word)	21. DATE OF DEATH TU (Month) (Day) (Ygar)
5a. If married, widowed ordivorced HUSBAND of Cor WHEE of Sinkney & Walker	22. HEREBY CERTIFY, Thet I attended daceased from
6. DATE OF BIRTH (month, day, and year) AND 12-1897	I last saw h. Q aliva on 734 V , 1937; daath is seid
7. AGE Years Months Days If LESS then	to have occurred on the deta stated above, at 1/26 Pm
39 10 9 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH-and releted causes of Importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Date of one of TRUIS
9. Industry or businass in which work was done, es SILK MILL. Which SAW MILL, BANK, atc.	
10. Date daceasad last worked et this occupation (month end spant In this year)	
Brussnick Ind.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	I file to as as
13. NAME Showard Varace	
Dink H. D	Name of operation
2 14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Wes there an autoss &
15. MAIDEN NAME CAMPLES PORTER	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Knowilly	Accident, suicide, or homicida? Date of Injury 19
State or country) Lucy trick Co	Where did injury occur?
17. INFORMANT Casses Thogethe (Address) 70.3 2 Linguistics	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Cam Data Feb 24, 1937	Mannar of injury
Out of Felder Same	Nature of Injury
19. UNDERTAKEN (ACULIU TAREY) arcs (Address) 827 W. Mystl gre- 1/	24. Was diseesa or injury in any way related to occupation of deceased?
20. FILED 7 3 , 137 May for Registrat.	(Signed) August M. D. (Address) Mol E North A.
If more blanks see needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MIRCALL			
Other contributory causes of importance:		Other contributory causes of importance:	10.22
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR FURTHER	STATEMENTS B	BY PHYSICIAN
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PHYSICIANS should state AD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING H UNFADING INK-THIS IS A PERMANEN TION is very important. See instructions on back of certificate. mation should be carefully supplied. B.—WRITE PD

STATE	OF	MARYI	AND-CERTIFICATE OF DEA	ATH
			Will Chilling Child	

1. PLACE OF DEATH			The MSC
County Baltimore Village or City Jophes Rd-	hetireen /	~	Registration Dist. No. 3. Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
		Lerce Warns	
			Id. St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male White	OR DIVORCE	RIED, WIOOWED. D (write the word) ngle	21. DATE OF DEATH February 12 , 193.7 (Month) (Oay) (Year)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from ,19, 19, 19
6. DATE OF BIRTH (month, day, and year) F = 7. AGE Years Months	bruary 5	1913	I last saw h_1S alive on 19 death is said to have occurred on the date stated above, et & D.A. m (estimates)
24 -	7	I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ceusas of importance were as follows: Oate of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chauffe Transpor		
10. Date deceased last worked at this occupation (month and year) - January - 1937	II. Total i	time (years) Int In this Upation 7. years	Other Contributory Causes of importance:
(State er country)	manicsvill Maryland		-
13. NAME William W	larns		
(State or country)	Maryland	i	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Pearl	Walter		23. If death wes due to external causas (VIOLENCE) fill In also the following:
15. MAIDEN NAME Pearl 16. BIRTHPLACE (city or town)	ford Cour Maryland	nty	Accident, suicide, or homicide? Accident Data of Injury 2/17, 1937 Where did injury occur? Information Office Off
17. INFORMANT Mr Lewis Warr (Address) 624/Scott St.			Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. The Court of the Cour
18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem , Loute Feb. 15, 1937			Manner of Injury Man was in Closed car farked Natura of Injury sich motor king for 4 or 5 h
19. UNDERTAKER DISTRIBUTION (Address)	(O)	HC.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO 19	State 7	Registrar.	(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones 4	May 1,1923	Gastroenteritis	1 year
18	*		

ADD	ITIONAL SPACE FOR FURTHER STATE	EMENTS BY PHYSICIAN
tov suthorings	tion to add informat	ion see letter filedunder
grobert 0		1
<u>/</u>	V	V

PHYSICIANS should state Exact statement of OCCUPA. ECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. H UNFADING INK—THIS IS A PERMANENT GAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLATNLY, W

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1470
1. PLACE OF DEATH	(B) W14
County Calleynore	Registration Dist. No. 44.7
Village or City Itungature farte (H	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How fong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Telle Heathystyne	If U.S. Veteran specify WAR.
(a) Residence: No. Cangston fack (Usual place of abode)	St., Ward. Middle Kwer, Ind. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (partie the word)	21. DATE OF DEATH Jel. 5
5a If married widowed or divorced	(Month) (Oay) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That t attended deceased from
5 DATE OF BARTH (, 19, to, 19,
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Oays If LESS than	I last sew h; deeth is said to heve occurred on the date stated above, at 2
6 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic nephritis 3
9. Industry or business in which work was done, as SILK MILL, all Honne SAW MILL, BANK, etc.	
	mysearditio
- I should the find	
year) occupation occupation	Other Centributery Causes of Importance:
12. BfRTHPLACE (city or town)	
1 11 11 11 11 11	
I Soft	
14. BIRTHPLACE (city or town) The Conference (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
I Tarall f	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?
June I lin Mentherties	(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT MIRS. Julia Healthysline (Address) Kindaston Park Ind.	Spendy and injury control in industric, in nome, or in tobelo tende.
18. BURIAL, CREMATION, ON BEMOVAL	Manner of injury
Please Tells Term Dete 7/9 ,193/	Neture of injury
19. UNDERTAKER Juny J. Cornelly (Address) Essex man	24. Was disease or injury in any wey releted to occupation of deceased?
20. FILEO 2/8 , 1937 Jan J. Connelly Registral	(Signed) Joseph Fi Domening Coromo (Votress) Bengin ned
	2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1007 I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN
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BINDIN

RESERVED

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPAstated EXACTLY. IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. UNFADING INK-THIS AGE should be pe mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may ION is very important. -WRITE PLA

V. S. No. 1

1. PLACE OF DEATH	1472
County Oceature	Registration Dist. No. 3/
Village Dr City Woodlaw	No. Dog wood Rd. St. Ward
35	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sessie . White	. If U. S. Veteran, specify WAR
(a) Residence: Np. 50 - World Rd., (Usual place of abode)	St., Ward. ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3-SWA 4. EOLOR OK RACE 5. SINGLE MARRIED, WIDOWED, OR DEVENCED (write the work)	21. DATE OF DEATH Jel. 7 (Day) (Year)
5a. If married, widowed and wroced HUSBAND of (or) WIFE of aurie 6. Whete.	22. HEREBY CERTIFY, That I attended deceased from
m- / 1901	October 25, 1936, to february 17, 1939
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Deys If LESS than	I last saw hanner elive on
AGE rears Months / Deys IT LESS than 1 day,hrs	
O O O O O O O O O O O O O O O O O O O	were as follows:
Trade, profession, or particular kind of work done, es SPINNER. Furusaul	Courted Memorinage
kind of work done, es SPINNEP, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and	
10. Dete deceased last worked at this occupation (month end year) 11. Total time (years) spant in this syear)	=
12. BIRTHPLACE (city or town) Manual language	Other Contributory Causes of importance:
(State or country)	
13. NAME auch White 14. BIRTHPLACE (city or town) Mary laws	
14, BIRTHPLACE (city or town)	Name of operation
(Stage of country)	Whet test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME ALGUST Deadly 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
E (State or country) // ary caug.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Maurie 6. Where (Address) Word new may	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVED Leg Date Fet. 19, 193	Manner of injury
19. UNDERTAKER - Editor Dous	24. Was disease or injury in any way related to occupation of deceased?
(Address) Prest Cela, Wd	If so, specify
20. FILED Feb 19, 19.37 Wm & meetin Registrar.	(Signed Vor. 2. Marlya M. (Address) Could sall to my
Registrat.	(100100)

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage WAR 5 1937	July 5,1927	Peritonitis	3 days ago
1 V. S. I			
Other contributory causes of importance:	TYTEV - H	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF	DEATH			90	1 2 (1)
County	Baltimore			Registration Dist. No. 32	2
Village or Ci	ity Catonsvil	le		No. Spring Grove St. Hosp. St	Ward
			(If	death occurred in a horpital or institution, give its NAME instead of street and the death of th	number)
2. FULL NAM	ME David Her			If U. S. Veteran, specify WAR	
(a) Residence		engyle Av	enue	St., Ward.	
PERSON	Balto. AL AND STATISTI	(Usual place		If nonresident give city or town an	State
3. SEX	4. COLOR OR RACE	1		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
ma le	white	OR DIVORCE	RRIED, WIDOWED, D (write the word) Married	February 2 (Month) (Day)	, 193 37 (Year)
5e. If merried, widowe HUSBAND of (or) W1FE of	ed, or divorced Bertha Whitel	ey		22. I HEREBY CERTIFY, That I attended Jan. 15 19 37 to Feb. 2	
& DATE OF DIDTH /	month, dey, end yeer) Feb	2 185	9	I lest sew h imalive on Feb 1 187	
7. AGE Yeer		Devs	If LESS than	to heve occurred on the dete stated above, at 6 a m.	; death 15 Seid
85	-	-	1 dey,hrs. ormin.		Date of onset
8. Trede, profession, or perticuler kind of work done, es SPINNER, butcher SAWYER, BOOKKEPER, etc				Autorionalonai	-
kind of work done, es SPINNER, butcher SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation from the and the same to this screen to the same to the				Arteriosclerosis Senility	?
work wes	done, es SILK MILL, L, BANK, etc	?			1933 c., 1936
10. Date deceased last worked et this occupetion (month and yeer) 11. Totel time (years) spent in this occupetion 64				Inanition Dec	
12. BIRTHPLACE (city or town) Mary land (Stete or country)				Other Contributory Causes of importence:	
13. NAME 14. BIRTHPLACE	A 2 II	W		Neme of operation	
(State of Country)				Whet test confirmed diagnosis? Wes there an	autopsy?no
15. MAIDEN NAME Julia Shipley				23. If deeth was due to externel ceuses (VIOLENCE) fill in also the followin	g: no
15. MAIDEN NAM	(city or town)	S.A.		Accident, suicide, or homicide? Dete of injury Where did injury occur?	, 19
17. INFORMANT Mrs. Bertha Whiteley (Address) 3604 Glengyle Avenue				(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMATI			14/197,19	Menner of injury	
19. UNDERTAKER (Address)	Mm Gook	114		24. Wes disease or injury in any wey releted to occupation of deceased?	
20. FILED	, 19	El-	A Registrar.	(Signed) Lan A. Clarks (Address) Spring Grove St. Hosp.	M. D.
	If more	Hand Brogerice		2411 N. Charles Street, Balsimore, Requesting V. S. No. z. Catons	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	2.22.000
Chronie interstitial nephritis		Attack of epilepsy	1 week ago
	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory houses of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			*

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1			MARGIN	RESERVE	FOR C	MARGIN RESERVED FOR BINDING		D)
N. B.—WRITE I	PLAINLY, W	F	H UNFADIR	NG INK-TH	IS IS A	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	very item o	f infor-
mation sho	uld be carefu	ully	supplied.	AGE should b	e stated	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ANS shoul	d state
CAUSE OI	F DEATH in	pla	in terms, so	that it may b	e proper	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	nent of OC	CUPA-
-	ery important		See instructi	FION is very important. See instructions on back of certificate.	f certific	ate.		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Balhouse	Spise are Registration Dist. No.
Village or City Sharrows Of.	No. Cox 318 /10. St Ward
Length of residence In city or town whare death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
	Jan Division of the Control of the C
	Chuarat U. S. Veteran, specify WAR
(a) Residence: No. Alum as assume (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (aprile 1/18 word) 5a. If married, widowed, or divorced	21. DATE OF DEATH Fet. 4, 193 7. (Month) (Day) (Year)
HUSBAND of Otto Wickman.	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) July 18. 1900.	I les (saw h e W alive on Fet. 4 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the deta stated above, at 11: 50 Am.
36. 6 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, prolassion, or particular kind of work done, as SPINNER, Hausework. SAWYER, BDOKKEEPER, atc	Totas Tuemonia 130/3
kind of work done, es SPINNER, SAWYER, BDOKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased lest worked at this eccuration front and	
11. Totel time (years) this occupation (month and year) year) 11. Totel time (years) spent in this year)	
12. BIRTHPLACE (city or town) / Baltimore	Dither Contributory Causes of Importance:
(State or country)	
13. NAME Jerman Redemann. 14. BIRTHPLACE (city or town) Balto.	
(State of country)	Name of operation Nout Dete of Dete of What tast confirmed diagnosis? Yassus alies Was there an autopsy? Up
15. MAIDEN NAME Margaret Lawson. 16. BIRTHPLACE (city or town). Butto.	23. If death was due to external causas (VIOL ENCE) fill in elso the following:
	Accident, suicide, or homicida? Date of injury19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Maynes Kidendun histur (Address) 1009 15. Returson 3+ Ballo.	Specify whathar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Moreland Mem Bab Date 74 6 , 1937	Manner of Injury
19. UNDERTAKER George W. Girkler	24. Was disease or injury in any way related to occupation of deceased?
20. FILED W. 4 7, 1937 4 Malornics (MD)	(Signed) James M. Holly M.D.
Registrar. If more blanks are needed, address. State Registrary.	(Addrass) A M. War T
, and the state of	- 1 - Council Orices, Departmere, Acquesting O. S. 140. I.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago 8110 CAU Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 uear

ADDITIONAL SH	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLA

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

-6	- 0	-	
1	4	1.	,
À	X	60	,

1. PLACE OF DEATH	93-0
County Galtimore	Registration Dist. No.
Village or City milele Prive	No. St., Ward
///	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
11 00000000	
(a) Residence: No. On Bland + Hamelanda (Usual place of abode)	If U. S. Veteran, specify WAR. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) Wale School Or Divorced (write tha word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced	The state of the s
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERT! F-Y That I Rended deceased from
6. DATE OF BIRTH (month, day, and year) April 14 1890	19 1, to 19 3, 19 1 1 last saw h 2 3, death is fall
7. AGE Years Months Days If LESS than	lo have occurred on the data slatad above, alm.
46 9 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance ware es follows:
8 Trade profession or particular	Mar Cardle Chronia
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc.	- Durothy: not stated our & a.
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month end	
SAW MILL, BANK, etc.	-
12. BIRTHPLACE (cily or town) Balla. G. Dud. (State or country)	Other Contributory Canses of Importance:
13. NAME WMH. W. Plains	
E D 04 C 00.1	Name of operation Date of
14. BIRTHPLACE (city or town) (Stata or country)	What test confirmed diagnosis?
15. MAIDEN NAME Louisa Brehm	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lisa Oscelar 16. BIRTHPLACE (city or town) Dalto Co. Dyd.	Accident, suicide, or homicide? Date of Injury, 19
∑ (Slale or country)	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
17. INFORMANT Mas Ella Edwards (Address) Middle Penes	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Placa Orems Cem. Date Feb. 8 , 1937	- Nelure of injury
19. UNDERTAKER Fedh Faculty San	24. Was disease or injury to any way related to occupation or daceased?
(Address) 7 401 Belaji Rel.	If so, specify X arrive Back
20. FILED 2/7 , 1937 John 9 tennell Registrar.	(Signad) M. D. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

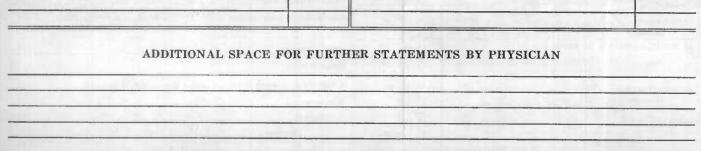
- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 4 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
7 8 % V. D.			
A first of the first contraction of the contract of the contra			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



Z

PLACE OF DEATH	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH Registration Dist. No. 33
Village or City Delight (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARBIED. WIDGIED. WHOLE (Write the word)	16 DATE OF DEATH Jebry 10, 1923 7
CATE OF BIRTH (Month) (Day) (Year	that last saw har alive on February 10, 1923
7 AGE If LESS than I day hrs. ds. or min.	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Perthelace (state or country)	Contributory Pressuranta Solar
10 NAME OF Ed. T. Willie 11 BIRTHPLACE OF FATHER OF FATHER OF FATHER	(Signed) G. G. G. M. D. Story 1/.19237 (Address) Job Sulface Cars. *St.,te the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether
(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) M. Brandley 13 Country	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For hospitals, Institutions, Transferts or Recent Residents) At place of death yrs
(Informant) Jamese M. Willis	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Delight Baltonress Mo 15 Filed 76 (2 19237) Thurbine	Mt Olvet Com. Jeh 13. 193
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. I. Palty, Ma

(Approved by U. S. Census and American Public Health Association.)

en at home, should be used only when needed. As examples: (0) additional line is provided for the latter statement; if Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of enotion is very important, so that the relative health Statement of Occupation-Precise statement of oc-Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager," "Dealgaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only and paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (%or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed thess of various pursuits can be known. to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation are engaged in the duties of the (b)

Lobar s inal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. E.:amples: Ccrebros pinal Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the bis-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> "Exhaustion," "Heart "" "Old Age, atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., "PUERPERAL scplicacnia," "TUERPERAL perilonilis, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State eause for which surgical operation was underdiseases can be ascertained as the cause. Whooping cough; Chronic valvular heart disease; Examples: Accidental drowning; Struck by railway train approved by Committee on specident; Revolver would of head-homicide; Poisoned by urbolic acid-probably suicide. The n-ture of the injury, Inanition," "Marasmus,
> Uruemia," "Weakness," etc., when a definite disease Recommendations on statement of cause of death danus) may be stated under the head of "contributory" .. (name origin; "Cancer" is less definite; avoid interstitial nephritis, resulting from childbirth or miscarriage as Corcinoma, etc. Nomenclature of the The Sarcoma,, etc., of contributery " "Shock," Measles;

If this certificate is I oked over thoroughly and a.l qu 'ions answered in detail, it will prevent further correspondence. the data is essential and must be obtained before the certificate is permanently fied.

		Registratio	n Dist. No	7.1
No.				St. Ward
	in a hospital or inst	itution, give its NA	ME instead of stre	
ds.	How long in U.S. in	f of foreign birth?.	yrs	ds.
eon	_If U. S. Veteral	n, specify WAR	••••••	
St.,	Ward.			
			nt give city or to	
		CERTIFICAT	TE OF DEA	TH
21. DAT	E OF DEATH	order	3	·n 7
	Frels	(Month)	(Day)	(Year)
22.	IHEREB	YCERTI	F Y That I at	tanded decaased from
70	an 30			
	disa aliva on			9.5.7.; death is said
to have occ	urrad on the date st	atad abova, at	130 Pm.	
The PRINC	IPAL CAUSE OF DE	The same of the sa		ce
ware as fol	llows:			Oate of onset
	Brond	chofmen	morus	Jan 30/2
				0 /0/
			,	
Other Cont	ributory Causes of In	nportanca:		
	+1	7		
0		s melle		1922
	Chronic	2 Treples	itis.	
Name of or	peration		Da	ate of
What test of	confirmed diegnosis?.	Climes	L: Was th	are an autopsy?Do
	was dua to external			
Accident, s	ulcide, or homicide?.		Date of Injury.	
Where did	injury occur?			
Specify wh	ether injury occurred	(Specify city I in INOUSTRY, In	or town, county HOME, or in PUE	and State) ILIC PLACE.
Menner of	injury			
Nature of i	njury			
24. Was dise	ease or Injury In any	way releted to occ	upation of decea	sed?
If so, spec	ify	777	0-	£
(Signe	(d)	Vilmer	V 10. 6	Zusor M.D.
	(Addrass)	Cicle	y svill	Ensor M.D.
37.01			. 7	

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	H	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 5 1931	July 5,1927	Peritonitis	3 days ago	
1 . W. W.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		to produce the second s	1	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-ECORD. Every item of inforstated EXACTL H UNFADING INK-THIS IS A PERMANEN properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be TION is very important. See instructions on back of mation should be carefully supplied. -WRITE PLA

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11-as
County Galtimose	Registration Dist, No. 33
Village or City Parkton, R. S.	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
June Ca	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Barbara Annie Wi	Laon If U. S. Veteran, specify WAR
(a) Residence: No. / arkin, Ma K. (Usus) place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write, the word)	21. DATE OF DEATH Lebruary / 4 , 193 7 (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Wilson.	22. HEREBY CERTIFY. That I attended deceased from Fish. 8- 1937, to Fish. 14-, 1937
DATE OF BIRTH (month, day, and year) February 19 1859	I last sew h_la_ alive on Felt. 14-, 1927; death is said
. AGE Years Months Days I LESS than	to have occurred on the date stated above, at 2 1 30 Am.
82 11 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, House keeper SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10Date deceased last worked at his occude/box (month) and seen in this	acuto Bionelis Vneumonia
10-Date deceased last worked at this occupation (month and 932. spent in this year)	
12. BIRTHPLACE (city or town) Rampatead (State or country) Balto Co. Md. R.B.	Other Contributory Causes of Importance:
	Influenza-
13. NAME Henry Hoffacker. 14. BIRTHPLACE (city or town) Alexa (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Allema, (State or country)	Accident, suicide, or homicide?
7. INFORMANT Mr. Hovey Wilson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL CREMATION OR REMOVAL Place Galty Company Date Fel- 16 th 1937	Manner of injury
19. UNDERTAKER Paul II Hartquitery	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Fulc 16 , 1937. Lannual S. Miller App Registrar.	(Signed) Lyagle M. [(Address) New Firedom Pa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	AN



STATE OF MARYLAND—CERTIFICATE OF DEATH

/	STATE OF MARTEAND	CERTIFICATE OF DEATH	TOO
	1. PLACE OF DEATH	(182)	
1	County Balfunere	Registration Dist. No. 3.3	
1	Village or City Pleas ant Hill	NoSt.,	Ward
/	LJ (If	death occurred in a hospital or institution, give its NAME instead of street and	
	Length of residance in city or town where death occurredyrs	and and the	osds.
	2. FULL NAME Mancy der (brae)	Walletto. S. Veteran, specify WAR.	
	(a) Residence: No. Pleasant It ill outside	St., Ward. If nonresident give city or town and	State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Nate
3	. SEX 4. COLOR 9R RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH /	
	To OR DIVORCED (write the word)	Feb. 13	, 193.7
5	a. If married, widowed, or divorced	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended	decaasad from
-	ρ Λ -	Feb. 13, 1937, 10 Feb 13	, 193.7.
6	DATE OF BIRTH (month, day, and year) Sept 27, 1934-		; daath is said
7	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
7	7 16 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
	8. Trade, profassion, or particular kind of work dona, as SPINNER.	P	,
CIIPATIO		asphyxia, accidental	2/13/3
1	work was dona, as SILK MILL, SAW MILL, BANK, etc.		
100	10. Date deceased lest worked et 11. Total time (years)	Sufferation by bed-elather current.	
	this occupation (month and spant in this occupation occupation		*
١,	2. BIRTHPLACE (city of town) Lynnbrusk Park.	Other Contributary Causes of Importance:	EMPLE
1 0	(State or country) md.	*	-
Q.	13. NAME Leage Wise		
ATH	14. BIRTHPLACE (city or (town) york County	Name of operation Zank Dete of	nane
FAT	(Stata or country) Plenna.	Whet test confirmed diagnosis? The Was there en	utopsy? he.
HFR	15. MAIDEN NAME Iladys Grace Wallett	23. If death was due to external causes (VIOL ENCE) fill in also the following	:
MOTH	16. BIRTHPLACE (city or town) A poble aboung	Accident, sulcida, or homicida? Peridental argania injury 21	(3.19.7.7.
MOTHER	(State or country) mg.	Whera did injury occur? Home Pleasant A	ill.
	7. INFORMANT GRENGE Wise	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
	(Address) Pleaseant to ill	Home.	
I	8. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury None	
1	Place Pleas ant All Data Feb, 13, 1997.	Nature of Injury Now.	
1	9. UNDERTAKER In Berry may of Sons.	24. Was disease or injury in any way related to occupation of deceased?	no;
_	(Addrass) Reisters throng and	It so, spacify to dward Myen acting 6	asones
2	a FILED Fel 15 19 37 Frankine	(Signed) D. D. Gaples	M. D.
1	Residence	(Address) Keisterstown n	red

N. S.—WRITE PLANTLY, VOH UNFAII mation should be carefully supplied.

Exact statement of OCCUPA.

stated EXACTL

properly classified.

UNFADING INK-THIS IS A PERMANEN

AGE should be

CAUSE OF DEATH in plain terms, so that it may

FOR BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1937	July 5,1927	Peritonitis	3 days ago
ALDERU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-RECORD. Every item of infor-H UNFADING INK-THIS IS A PERMANENT FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED -WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County Dellamore	Registration Dist. No.
Village or City If arrow Point	No. 70 7 6. St., Ward
Length of residence in city or town where deeth occurred 32 yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?mosds.
2. FULL NAME Frank a Mright	If U. S. Veteran, specify WAR
(a) Residence: No. 207 &	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH + 66 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Wingst	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Son 20. 1869	I last saw h has alive on 19619 to 1937; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 43P.m.
67 3 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
R Trade profession or particular	Curonery Thumbos is Date of onest
SAWYER, BOOKKEEPER, etc. Machinist	
kind of work done, as SPINNER, Machanist SAWYER, BOOKKEEPER, etc. Machanist SAWYER, BOOKKEEPER, etc. Machanist Work was done, as SILK MID ethlehem Stal Co SAW MILL, BANK, etc. 10. Date deceesed last worked et 2 / 2 / 2 / 3 10. Date deceesed last worked et 2 / 2 / 2 / 3 11. Total time (years) Septim this	
SAW MILL, BANK, etc. 11. Total time (years)	
10. Date decessed last worked et this occupation (month and year) spent in this occupation cocupation	
Daniel C. F.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Mew Josh City (State or country)	
13. NAME Fank & Wright	
E	Name of operation Date of
(State or country)	What test confirmed diagnosis?
E 15. MAIDEN NAME W 4	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Stete or country)	Where did injury occur?
17. INFORMANT MAS Elizabeth Itraght (Address) 707 E st	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Parkwood Date March 1, 1937	Nature of injury
John F Demms	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER AM T N MMM	If so, specify
For 27 27 818. Mal Dink 2	(Signed January 6 Eldred M.D.
20, FILED. — 191/	(Address) 502 C It sharm Of.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIA
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V. S. No.

20

1 _{PL}	ACE	OF	DEATH	4
County.	Bal	Lti	more	,Co.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 43

PER	SONAL AND STATIST	ICAL PARTICUL	LARS	MEDICAL CERTIFICATE OF DEATH
з sex Male	White	SSINGLE, MARRIED, MAI WIDOWED OR DIVORCED (Write the word)	rried	16 DATE OF DEATH February 20th, 1937
6 DATE OF		28th (Day)	, 1.862 (Year)	that I last saw halive on, 1923
7 AGE	74 yrs. 4		If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 1020 Am The CAUSE OF DEATH * was as follows:
(b) General business, which em 9 BIRTHPL (State of FATE	Poland	ki		(Duration) yrs. mos ds Contributory Secondary (Duration) yrs. mos ds (Signed) Morew Teer from (M. D. 7 et. 20, 1927 (Address) 2579 Easter Qu
OF F	ather te or country) Poland			*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIR	THPLACE TOTHER Ate or country) THE OTHER			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Inform	ove is true to the Best mant) Katherine W Address) Moreland	ysocki (Wi	ife)	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Parkword Semeley Sub. 23rd, 1937.
Filed	2/22 19237	5 a Fruit	Registra	Denge a Weber 705 & ann u

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (rewhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been charged gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewile Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (o) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation person, irrespective of 6 Grocery;

Strtement of Cause of Death—Name, first, the Diserral Course of Cause of Death—Name, first, the Diserral Cause of Using always affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock,") tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot unqualified, is indefinite); Tuberculosis of lungs, men-.. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state of OCCUPA-ECORD. Every item of infor-Exact statement stated EXACTLY. TH UNFADING INK-THIS IS A PERMANEN properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PL

1. PLACE OF DEATH		980	1450
County Baltimore		Registration Dist. No. 4	4
Village or City Cssel	(II	NoSt., f death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where deeth	occurredyrsmos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME selections	les Itterding		
(a) Residence: No. Delenoa	(Usual place of abode)	St., Ward. If nonresident give city or town an	id State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jel. (Month)	., 193 / (Year)
5a. If married, widowed, or divorced	A	(nonth)	y (car)
HUSBAND of (or) WIFE of	V	22. PIHEREBY CERTIFY, That I attended	d deceased from
6. DATE OF BIRTH (month, day, and year)	,24 1860	I last say him alive on Deh 15 1937	; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 6,30/f.m.	
16 6	21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1000
Z 8. Trade, profession, or particular		01	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	DITEN	Chronic Myorarelites	1436
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent In this occupation		**
12. BIRTHPLACE (city or town) Baltimas (State or country)	re md.	Other Contributory Causes of importance:	
13. NAME DO CTALLE SITE	10111	-	
14. BIRTHPLACE (city or town)	ny J	Name of operation Date of What test confirmed diagnosis? Clinical Junelary Westhere an	
15. MAIDEN NAME Caroling	mot	23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)	reman	Accident, suicide, or homicide? Date of Injury	
State or country)	MAN WILLIAM STATE OF THE STATE	Where did Injury occur?	, Ad
17. INFORMANT has halls to	tet	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	nte) LACE.
18. BURIAL, CREMATION, OR REMOVAL	ma ma	Manner of injury	
Place Sinity Cemetery D	ate 2-17 ,1937	Nature of injury	
19. UNDERTAKER (Address)	TST	24. Was disease or injury in any way related to occupation of deceased?	cro
20. FILED 26. 16 1937 John	H- Armelly	(Signed) (Address) Easely, W	М. D
76 man Harl		2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.	

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Arteriosclerosis	1915	Attack of cpilepsy •	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			5
Other contributory causes of importance:		Other contributory causes of importance:	.x.
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	IER STATEMENTS BY PHYSICIAL
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NOTE.—Claimants are bound to produce, at their own expense, such medical testimony as to cause of death, duration of disease, etc., as may be required by the Company. If an inquest be held, the Coroner's certificate and a copy of the evidence must be produced when requested.

Cashier